

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 707333

1. Entity Name
NORTH CENTRAL BAPTIST CHURCH OF GAINESVILLE,
FLORIDA, INC.



Principal Place of Business
8001 NW 23 AVE.
GAINESVILLE, FL 32606

Mailing Address
8001 NW 23 AVE.
GAINESVILLE, FL 32606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0766988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATERS, PAUL
8001 NW 23 AVENUE
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name Palmer, Zane
Street Address (P.O. Box Number is Not Acceptable)
8811 SW 8th Ave.
Gainesville, FL
City FL Zip Code 32607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Zane Palmer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, PAUL	
STREET ADDRESS	1105 NW 156 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALMER, ZANE	
STREET ADDRESS	8811 S.W. 8TH AVE.	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUGHTON, DAVID	
STREET ADDRESS	17445 NW 240 TERR	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	(He stays the same)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmer, Zane	
STREET ADDRESS	8811 S.W. 8th Ave.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weldon, Mike	
STREET ADDRESS	9621 SW 1st PL.	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800113405798	
STREET ADDRESS	12/26/07--01050--003	
CITY-ST-ZIP	**\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zane Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/07 (352)332-2959
Date Daytime Phone #

xc 12/21

FILED
07 DEC 20 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

