

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707436

1st Entity Name

NEIGHBORHOOD BIBLE FELLOWSHIP CHURCH, INC. OF TH

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90034 001 ****61.25

0020666

Principal Place of Business

2500 N E 15TH STREET
GAINESVILLE FL 32609

Mailing Address

2500 N E 15TH STREET
GAINESVILLE FL 32609

625730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1360564

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, GREGORY S
2400 NE 15TH STREET
GAINESVILLE FL 32609

Name

George B. Scripture

Street Address (P.O. Box Number is Not Acceptable)

5445 CR 352

City

Keystone Heights

FL

Zip Code
32656

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.

SIGNATURE George B. Scripture, Chairman

2/15/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete
NAME **WILLIAMS, GREGORY S**
STREET ADDRESS **3017 NE 68TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **C** ☐ Change ☒ Addition
NAME **Scripture, George B.**
STREET ADDRESS **5445 CR 352**
CITY-ST-ZIP **Keystone Heights FL 32656**

TITLE **D** ☐ Delete
NAME **HURT, BARBARA**
STREET ADDRESS **1516 NE 28TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Appelo, Jane**
STREET ADDRESS **642 NW 34th Terr.**
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **D** ☒ Delete
NAME **DURANT, DENNIS**
STREET ADDRESS **4511 NW 28TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S** ☐ Change ☒ Addition
NAME **Clark, Gladys**
STREET ADDRESS **4680 Clear Lake Dr.**
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **D** ☒ Delete
NAME **MANSELL, BOB**
STREET ADDRESS **1702 NW 17TH LN**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **T** ☒ Change ☐ Addition
NAME **Mansell, Bob**
STREET ADDRESS **1702 NW 17 Lane**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01 (352) 376-8305

Date

Daytime Phone #

CR2E037 (10/00)