

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90059 040 \*\*\*\*70.00

**DOCUMENT # 707456**

1. Entity Name

**RIDGEVIEW BAPTIST CHURCH OF GAINESVILLE, FLORIDA  
, INC.**

Principal Place of Business

Mailing Address

**3508 N W 19 STREET  
GAINESVILLE FL 32605**

**3508 N W 19 STREET  
GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1529056**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, GLENN  
5331 NW 4TH PLACE  
P O BOX 2543  
GAINESVILLE FL 32602**

Name

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

City

**FL**

Zip Code

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

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 **D** ☐ Delete  
NAME **RILEY, JAMES**  
STREET ADDRESS **1520 SE 25TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32641**

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

TITLE **D** ☒ Delete  
NAME **SHOCKLEY, GERALDINE**  
STREET ADDRESS **2257 N.W. 16TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☐ Change ☒ Addition  
NAME **SCHOL, HENRY L.**  
STREET ADDRESS **7712 NE 62nd WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☐ Delete  
NAME **ROBERTS, GLENN**  
STREET ADDRESS **5331 NW 4TH PL/ P.O. BOX 2543**  
CITY-ST-ZIP **GAINESVILLE FL 32602**

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

TITLE **D** ☐ Delete  
NAME **GRANT, AL**  
STREET ADDRESS **3146 N.W. 47TH PL**  
CITY-ST-ZIP **GAINESVILLE, FL 00000 32605**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete  
NAME **ADDISON, AL**  
STREET ADDRESS **2045 NW 36TH AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE **D** ☐ Delete  
NAME **CROWN, GARY T**  
STREET ADDRESS **4131 NW 21ST ST**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

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:

**SIGNATURE REQUIRED AL Addison**

**2-20-02**

**352-376-9007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)