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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 708574

(9)

UNIVERSITY BAPTIST CHURCH OF GAINESVILLE, FLORID

Principal Place of Business Mailing Address 3401 N.W. 34 STREET 3401 N.W. 34 STREET GAINESVILLE FL 32605 GAINESVILLE FL 32605 3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1995 03/02/1965 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1160532 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees **1rust Fund Contribution** 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) OSBORN, JOSEPH 82 6613 NW 30 TERR 83 **GAINESVILLE FL 32606** Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 OFFICERS AND DIRECTORS 12. Change Addition DELETE 117015 TITLE 1.2 NAME CR2E037 SIMPKINS, DOUGLAS NAME 2847 NE 13TH DR. 1.3 STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 00000 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE THLE KJALLBERG, JOHN 2.2 NAME NAME 3613 NW 53RD AVE. 2.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 2 4 CHTY - ST-ZIP CITY-ST-ZIP Change Addition **□** DELETE 31 TITLE TITLE OSBORN, JOSEPH 3.2 NAME NAME 6613 NW 30 TERR 3 3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** 34. CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE 5.1 1ITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP CITY-S1-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY - ST - ZIP

STREFT ADDRESS

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(352)378-6345

Addition