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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713452** (1)

1. Corporation Name

HIGHLANDS PRESBYTERIAN CHURCH

Principal Place of Business 1001 NORTHEAST 16 AVENUE GAINESVILLE FL 32601	Mailing Address 1001 NORTHEAST 16 AVENUE GAINESVILLE FL 32601
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3. Date Incorporated or Qualified

10/12/1967

4. FEI Number

59-1209611

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

**TAX
EXEMPT**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERGUSON, HOMER
1040 N E 13TH PLACE
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, BRUCE R	
STREET ADDRESS	3929 S.W. 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCORMICK, RONALD J	
STREET ADDRESS	1503 NW 11TH RD	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, STEVE	
STREET ADDRESS	10405 N.W. 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUPREE, RALPH	
STREET ADDRESS	2011 NW 48TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, THOMAS D JR	
STREET ADDRESS	8001 S.W. 30TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Lane, H. Thomas, Jr.
5.4 CITY-ST-ZIP	8001 S.W. 30th Ave.

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gainesville, FL 32607
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, upon an attachment with an address.

SIGNATURE:

[Signature]

3-16-98

352-374-2446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (optional)

CR2E037 (10/97)