NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 713452

HIGHLANDS PRESBYTERIAN CHURCH

Principal Place of Business 1001 NORTHEAST 16 AVENUE GAINESVILLE FL 32601

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1001 NORTHEAST 16 AVENUE GAINESVILLE FL 32601



03-02-1999 90002 021 ****61.25



3. Date Incorporated or Qualifed

10/12/1967

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	I	plied For -	
27		27	·]		59-1209611	Not	Applicable	
	City & State City & State				5. Certificate of Status Desired	\$8.75 Additional		
23		28			5. Certificate of Otelas Desired	Fee Rec	quired	
Zip	Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30		์ โ		Trust Fund Contribution	Added to	o Fees	
<u>,</u> 1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name			j	
EEDCHOON HOMED			00	COLOR A A Marco (D. C. Dorra March en in Alex Acceptable)				
FERGUSON, HOMER			82 Street Address (P.O. Box Number is Not Acceptable)					
1040 N E 13TH PLACE								
GAINESVILLE FL 32601								
			84	City		FL 85 Zip C	ode	
			لـــــــــــــــــــــــــــــــــــــ				ragistared	
office or ti	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was aut	nonzed by	tne corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment as reg	gistered	
-	,						:	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agen	t signature n	equired when reinstating) DAT			
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE 1				☐ Change	Addition	
NAME	DAVIS, BRUCE R		1.2 NAME					
STREET ADDRESS	COCC CIVIL ATIL DI ACE		1.3 STREET ADDRESS		•			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE			D .	Change	Addition	
NAME	MCCORMICK, RONALD J		1		Ackley, Larry	••		
STREET ADDRESS	ACOUNTY AATIS DD		2.3 STREET ADDRESS		8610 SW 23rd Place		į	
	GAINESVILLE FL 32605				Gainesville FL 32607	~		
CITY-ST-ZIP	D DELETE		3.1 TITLE	1-20	Gainesviile, FL 32607	Change	Addition	
TITLE	SULLIVAN, STEVE		3.2 NAME					
NAME	AND AND AND PLACE		3.3 STREET ADDRESS					
STREET ADDRESS	15 15 5 11					•		
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4. CITY-S	I-ZIP		Change	☐ Addition	
TITLE	_		4.1 TITLE					
NAME	DUPREE, RALPH		4. 2 NAME				i	
STREET ADDRESS	177		4.3 STREET	ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 00000		4.4 CITY-ST-ZIP			A		
TITLE	D DELETE		G.1 11122		D	Change	☐ Addition	
NAME	THOMAS, JR L		5.2 NAME		Carter, Paul			
STREET ADDRESS	8001 SW 30TH AVE		5.3 STREET	ADDRESS	1952 NW 43rd Avenue]	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32607		5.4 CITY-ST-ZIP		Gainesville FL 32605			
TITLE	☐ DELETE		6.1 TITLE		,	Change	☐ Addition	
NAME			6.2 NAME		·		1	
STREET ADDRESS			6.3 STREET	ADDRESS				
			6.4 CITY-S	T-ZIP			İ	
CITY-ST-ZIP								

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, or on an attachment with an address, with all other like empowered.

SIGNATUR

MATCHE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

2<u>-8-99</u>

-352-373-00475