


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 713452	
1. Entity 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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01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1209611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERGUSON, HOMER 1040 N E 13TH PLACE GAINESVILLE, FL 32601	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000094583
03/23/04-80002-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BRUCE R 3929 S.W. 4TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, STEVE 10405 N.W. 4TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, RALPH 2011 NW 46TH ST. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, PAUL 1952 NW 43RD AVE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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: Bruce R Davis **BRUCE R DAVIS** 2/9/04 352-376-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #