

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 21 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 # 714269 (8)
1. Corporation Name
THIRTY-NINTH AVENUE CHURCH OF CHRIST OF GAINESVILLE, FLORIDA, INC.



Principal Place of Business 1811 NW 39TH AVENUE GAINESVILLE FL 32605	Mailing Address 1811 NW 39TH AVENUE GAINESVILLE FL 32605
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3. Date Incorporated or Qualified
03/19/1968

4. FEI Number
59-2953369

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	25 Country	29 Zip	30 Country
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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 on January 1, 1998.
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVE, GEORGE
515 NW 37TH PLACE
GAINESVILLE FL 32609**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	STRICKLAND, MAURICE
STREET ADDRESS	2321 SW 43RD ST
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, JAMES
STREET ADDRESS	6900 NE 77TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MIKELL, DAYTON
STREET ADDRESS	7906 NE 96TH AVENUE
CITY-ST-ZIP	GAINESVILLE 00000
TITLE	DC <input type="checkbox"/> DELETE
NAME	CAVE, GEORGE
STREET ADDRESS	515 NW 37TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 for on an attachment with an address.

SIGNATURE: George Cave **Signature Required** Date: Jan 5, 1998

CR2E037 (10/97)