

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:33

DOCUMENT # 720374 (8)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF GAINESVILLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 106 SW 3RD STREET, GAINESVILLE FL 32601
Mailing Address: 106 SW 3RD STREET, GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 02/26/1971
3a. Date of Last Report: 01/26/1994
4. FBI Number: 59-0662270
Applied For: Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
EMERSON, JOANNA M.
106 SW 3RD STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name: William D. Olinger
82 Street Address (P.O. Box Number is Not Acceptable): 106 SW 3rd Street
83
84 City: Gainesville FL 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
Chairman
SIGNATURE: William D. Olinger William D. Olinger, Bd of Trustees 1/18/95
DATE: 1/18/95

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	DUNLAP, JOE
STREET ADDRESS	600 SW 23RD PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	BASSETT, MELDA LEE
STREET ADDRESS	1326 N W 57TH STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	GOGGIN, MARGARET
STREET ADDRESS	4024 NW 15TH STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	OLINGER, WILLIAM
STREET ADDRESS	2601 NW 16TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	ABBOTT, JAMES B.
STREET ADDRESS	404 NW 23RD STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William D. Olinger	
1.3 STREET ADDRESS	106 SW 3rd Street	
1.4 CITY-ST-ZIP	Gainesville, FL 32601	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Max R. Langham	
4.3 STREET ADDRESS	106 SW 38th Street	
4.4 CITY-ST-ZIP	Gainesville, FL 32607	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Olinger William D. Olinger 1/18/95 904-373-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR