

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90017 016 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **720374**  
 1. Corporation Name  
**FIRST PRESBYTERIAN CHURCH OF  
 GAINESVILLE, INC.**



Principal Place of Business Mailing Address  
**106 S.W. 3rd Street Gainesville, FL 32601**      **106 S.W. 3rd Street Gainesville, FL 32601**

21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>02/26/1971</b>	
22	City & State	City & State	27	4. FEI Number	Applied For
	Zip	Country	28	<b>59-0662270</b>	Not Applicable
23	24	25	29	30	5. Certificate of Status Desired <input type="checkbox"/>
					<b>\$8.75 Additional Fee Required</b>
					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
					<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>Olinger, William D. 106 S.W. 3rd Street Gainesville, FL 32601</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			<b>FL</b>	

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Olinger, William D.</b>	1.2 NAME	
STREET ADDRESS	<b>106 S.W. 3rd Street</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gainesville, FL 32601</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bassett, Melba Lee</b>	2.2 NAME	
STREET ADDRESS	<b>1326 NW 57th Street</b>	2.3 STREET ADDRESS	<b>5421 NW 48th Place</b>
CITY-ST-ZIP	<b>Gainesville, FL 32605</b>	2.4 CITY-ST-ZIP	<b>Gainesville, FL 32606</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James D. Henderson</b>	3.2 NAME	
STREET ADDRESS	<b>3611 SW 63rd Lane</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Langham, Max R.</b>	4.2 NAME	
STREET ADDRESS	<b>106 S.W. 3rd Street</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gainesville, FL 32601</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lizette Murphy</b>	5.2 NAME	
STREET ADDRESS	<b>4126 NW 34th Drive</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Gainesville, FL 32605</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Max R. Langham**      Date: **4/23/99**      Daytime Phone #: **(352) 378-1527**  
 max R. Langham, Treasurer

CR2E037 (1/198)