

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90020 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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

Principal Place of Business      Mailing Address  
 SW 3RD STREET      106 SW 3RD STREET  
 GAINESVILLE FL 32601      GAINESVILLE FL 32601-6220

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-0662270**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**OLINGER, WILLIAM D.**  
**106 SW 3RD STREET**  
**GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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.

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees      Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete	<b>C</b> <b>OLINGER, WILLIAM D.</b> <b>106 SW 3RD STREET</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b> <b>BASSETT, MELDA LEE</b> <b>5421 NW 48TH PLACE</b> <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b> <b>JAMES D HENDERSON</b> <b>3611 SW 63RD LANE</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>T</b> <b>LANGHAM, MAX R.</b> <b>106 SW 38TH STREET</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b> <b>LIZETTTE MURPHY</b> <b>4126 NW 34TH DR</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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 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: *Max R. Langham*      MAX R. LANGHAM, TREASURER      352-378-1527  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #