

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90135 018 ****61.25

DOCUMENT # 720374

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF GAINESVILLE, INC.

Principal Place of Business

**106 SW 3RD STREET
 GAINESVILLE FL 32601**

Mailing Address

**106 SW 3RD STREET
 GAINESVILLE FL 32601**

011400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0662270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLINGER, WILLIAM D.
 106 SW 3RD STREET
 GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
C	OLINGER, WILLIAM D.	106 SW 3RD STREET	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BASSETT, MELDA LEE	5421 NW 48TH PLACE	GAINESVILLE FL 32606	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JAMES D HENDERSON	3611 SW 63RD LANE	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	LANGHAM, MAX R.	106 SW 38TH STREET	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LIZETTE MURPHY	4126 NW 34TH DR	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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: _____

William D Olinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D Olinger

Date

Daytime Phone #

(352) 378-1527
1/26/01

CR2E037 (10/00)