

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90124 041 ****61.25

DOCUMENT # 720374

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

106 SW 3RD STREET
 GAINESVILLE FL 32601

106 SW 3RD STREET
 GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0662270

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

William D. Olinger

William D. Olinger, Chairman

04/30/02

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul McKinley	
STREET ADDRESS	1659 NW 19th Circle	
CITY-ST-ZIP	Gainesville, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peg Nattress	
STREET ADDRESS	5960 SW 35th Way	
CITY-ST-ZIP	Gainesville, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Max Langham

Max Langham, Treasurer

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)