

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

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AND
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95 APR 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 721301 (0)
1. Corporation Name
FIRST BAPTIST CHURCH OF GAINESVILLE, INC.

Principal Place of Business Mailing Address
425 W UNIVERSITY AVE GAINESVILLE FL 32601

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1971** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-0782446** 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

9. Name and Address of Current Registered Agent
**DENHAM, JR., FRANK T
4700 NW 18 PLACE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name **Summerhill, William R**
82 Street Address (P.O. Box Number is Not Acceptable) **4001 S.W. 78th St.**
83
84 City **Gainesville, FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENHAM, FRANK T.
STREET ADDRESS	4700 NW 18TH PLACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	GABLE, E.E.
STREET ADDRESS	1638 NW 12TH ROAD
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WALDO MYRTICE R
STREET ADDRESS	P O BOX 140773
CITY - ST - ZIP	GAINESVILLE FL
TITLE	S
NAME	CROUCH, T. ALLEN
STREET ADDRESS	2516 NW 19 WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	SUMMERHILL, WILLIAM R.
STREET ADDRESS	4001 SW 78TH 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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Summerhill, William R	
1.3 STREET ADDRESS	4001 SW 78th St	
1.4 CITY - ST - ZIP	Gainesville, FL	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bennett, Bobby R	
5.3 STREET ADDRESS	4925 SW 19th St	
5.4 CITY - ST - ZIP	Gainesville, FL 32608	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE DAYTIME PHONE #