

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721301 (0)
1. Corporation Name

FIRST BAPTIST CHURCH OF GAINESVILLE, INC.



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

3. Date Incorporated or Qualified: 07/06/1971
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SUMMERHILL WILLIAM R. 4001 S.W. 78TH ST. 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): CORRECT SPELLING OF NAME (83) (84) City: FL (85) Zip Code

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	NAME: SUMMERHILL WILLIAM R.	1.1 TITLE:	Summerhill
STREET ADDRESS: 4001 SW 78TH ST	CITY-ST-ZIP: GAINESVILLE FL	1.2 NAME:	Correct spelling of name
1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	2.1 TITLE:	T
TITLE: VT	NAME: GABLE, E.E.	2.2 NAME:	
STREET ADDRESS: 1638 NW 12TH ROAD	CITY-ST-ZIP: GAINESVILLE FL	2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: T	NAME: WALDO MYRTICE R	3.1 TITLE:	S
STREET ADDRESS: P O BOX 140773	CITY-ST-ZIP: GAINESVILLE FL	3.2 NAME:	Purdy, Britt
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	3.3 STREET ADDRESS:	1420 NW 28th St
TITLE: S	NAME: CROUCH, T. ALLEN	3.4 CITY-ST-ZIP:	Gainesville, FL 32605
STREET ADDRESS: 2516 NW 19 WAY	CITY-ST-ZIP: GAINESVILLE FL	4.1 TITLE:	T
4.2 NAME:		4.2 NAME:	Brown, William L.
4.3 STREET ADDRESS:		4.3 STREET ADDRESS:	1920 NW 23rd St.
4.4 CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Gainesville, FL 32605
TITLE: T	NAME: BENNETT, BOBBY R.	5.1 TITLE:	VT
STREET ADDRESS: 4925 SW 19TH ST	CITY-ST-ZIP: GAINESVILLE FL	5.2 NAME:	
5.3 STREET ADDRESS:		5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 119.07(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: *William Summerhill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
DATE Day: Time: Place: #

CR2E037 (12/95)