

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90094 008 \*\*\*\*61.25

**DOCUMENT # 721301**

1. Entity Name

**FIRST BAPTIST CHURCH OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

425 W UNIVERSITY AVE  
 GAINESVILLE FL 32601

425 W UNIVERSITY AVE  
 GAINESVILLE FLA 32601-5207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0782446**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BENNETT, BOBBY R**  
**4825 SW 19 ST.**  
**GAINESVILLE FL 32601**

Name

**Frank Denham, Jr**

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

**4700 N.W. 16th PL**

City

**Gainesville**

**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  Delete  
 NAME **TR DENHAM, FRANK JR**  
 STREET ADDRESS **4700 N.W. 16 PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME **Denham, Frank Jr**  
 STREET ADDRESS **4700 NW 16 PL**  
 CITY-ST-ZIP **Gainesville, FL**

TITLE  Delete  
 NAME **TR BALLOON, SUSAN**  
 STREET ADDRESS **6506 NW 56TH LANE**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VTR BROWN, WILLIAM L.**  
 STREET ADDRESS **1920 NW 23RD STREET**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME **Brown, William L.**  
 STREET ADDRESS **1920 NW 23 ST**  
 CITY-ST-ZIP **Gainesville, FL**

TITLE  Delete  
 NAME **P BENNETT, BOBBY R.**  
 STREET ADDRESS **4925 SW 19TH ST**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S CROUCH, T. ALLEN**  
 STREET ADDRESS **2516 NW 19 WAY**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **VTR Summerhill, William**  
 STREET ADDRESS **4001 SW 78th ST**  
 CITY-ST-ZIP **Gainesville, FL**

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: *Frank Denham, Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 352-376-4681  
 Date Daytime Phone #

CR2E037 (9/99)