

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

0019916

DOCUMENT # 721301

1. Entity Name

FIRST BAPTIST CHURCH OF GAINESVILLE, INC.

03-15-2001 90012 014 ****61.25

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

00033987



DO NOT WRITE IN THIS SPACE

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 **59-0782446** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DENHAM, FRANK JR
4700 N.W. 16 PLACE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	DENHAM, FRANK JR	
STREET ADDRESS	4700 N.W. 16 PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BALLOON, SUSAN	
STREET ADDRESS	6506 NW 56TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BROWN, WILLIAM L.	
STREET ADDRESS	1920 NW 23RD STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, BOBBY R.	
STREET ADDRESS	4925 SW 19TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROUCH, T. ALLEN	
STREET ADDRESS	2516 NW 19 WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VTR	<input type="checkbox"/> Delete
NAME	SUMMERHILL, WILLIAM	
STREET ADDRESS	4001 SW 78 STREET	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weidler, Phillip	
STREET ADDRESS	2025 NW 20th LN	
CITY-ST-ZIP	Gainesville, FL 32605	
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		
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: *FRANK DENHAM, JR* **FRANK Denham, Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-376-4681
Daytime Phone #

CR2E037 (10/00)