

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

0009136

DOCUMENT # 721301

1. Entity Name

FIRST BAPTIST CHURCH OF GAINESVILLE, INC.

03-27-2002 90076 050 ****61.25

Principal Place of Business

Mailing Address

**425 W UNIVERSITY AVE
 GAINESVILLE FL 32601**

**425 W UNIVERSITY AVE
 GAINESVILLE FL 32601**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENHAM, FRANK JR
 4700 N.W. 16 PLACE
 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 _____

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	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 type="checkbox"/> Delete
NAME	WEIDLER, PHILLIP	
STREET ADDRESS	2025 NW 20 LN	
CITY-ST-ZIP	GAINESVILLE FL 32605	
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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 JR DENHAM* **SIGNATURE REQUIRED** *Frank J. Denham Jr* **352-376-4681**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)