


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 A]
Secretary of State

DOCUMENT # 721301- 1. Entity Name FIRST BAPTIST CHURCH OF GAINESVILLE, INC.	
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Principal Place of Business 425 W UNIVERSITY AVE GAINESVILLE, FL 32601	Mailing Address 425 W UNIVERSITY AVE GAINESVILLE, FL 32601
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0782446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DENHAM, FRANK JR
4700 N.W. 16 PLACE
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENHAM, FRANK JR 4700 N.W. 16 PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR WEIDLER, PHILLIP 2025 NW 20 LN GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILSON, HENRY 11314 SW 8TH AVE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MOORE, JACK 7 N.W. 23RD ST GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SPANGLER, HARRIET 3915 NW 37TH PL GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/25/06-80002-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerment.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #