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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 734265 (2)

1. Corporation Name
NORTHWEST BAPTIST CHURCH OF GAINESVILLE, INC.



Principal Place of Business Mailing Address
5514 NW 23RD AVE GAINESVILLE FL 32606
5514 NW 23RD AVE GAINESVILLE FL 32606-6428

3. Date Incorporated or Qualified 11/05/1975
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip 24 Country 25 Zip 29 Country 30
4. FEI Number 59-1488064 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
TURLINGTON, CARL P
1936 NW 51ST ST
GAINESVILLE FL 32605
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	JUSTICE, RALPH JR. <input checked="" type="checkbox"/> DELETE	11 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2808 NW 63RD TERR	12 NAME	Bob Pearson
STREET ADDRESS	GAINESVILLE FL	13 STREET ADDRESS	2129 NW 28th Place
CITY-ST-ZIP		14 CITY-ST-ZIP	Gainesville, FL 32605
TITLE VPD	PRIDEMORE, PAUL <input checked="" type="checkbox"/> DELETE	21 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3645 NW 68TH LANE	22 NAME	Shane Edmond
STREET ADDRESS	GAINESVILLE FL	23 STREET ADDRESS	1027 NW 11th Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Gainesville, FL 32601
TITLE STD	MOTT, HOWARD <input type="checkbox"/> DELETE	31 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3724 NW 128TH TERRACE	32 NAME	Howard Mott, Jr.
STREET ADDRESS	GAINESVILLE FL	33 STREET ADDRESS	3724 NW 128th Terrace
CITY-ST-ZIP		34 CITY-ST-ZIP	Gainesville, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Howard M. Mott, Jr.* 1/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)