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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



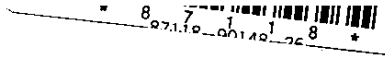
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734265

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

Principal Place of Business
5514 NW 23RD AVE
GAINESVILLE FL 32606

Mailing Address
5514 NW 23RD AVE
GAINESVILLE FL 32606



21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. []	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. []	3. Date Incorporated or Qualified 11/05/1975	4. FEI Number 59-1488064	Applied For Not Applicable
9. Name and Address of Current Registered Agent										5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
10. Name and Address of New Registered Agent										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

MOTT, HOWARD
3724 NW 128TH TERR
GAINESVILLE FL 32606

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. []
84. City
85. Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETED	1.1 TITLE	Change Addition
VPD PEARSON, BOB 2129 NW 28TH PL GAINESVILLE FL	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>
STD EDMOND, SHANE 1027 NW 11TH AVE GAINESVILLE FL	<input type="checkbox"/>	1.3 STREET ADDRESS	<input type="checkbox"/>
PD MOTT, HOWARD JR 3724 NW 128TH TERR GAINESVILLE FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE: Howard Mott Jr. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99
Date

CR2E037 (11/98)