2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2005 08:00 AM Secretary of State **DOCUMENT # 734265** 1. Entity 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1488064 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOTT, HOWARD Street Address (P.O. Box Number is Not Acceptable) 3724 NW 128TH TERR GAINESVILLE FL 32606 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. 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. STD THE ☐ Change Addition TITLE Delete WALLACE, JOHN A NAME 4503 NW 44TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP Delele SILLE ☐ Change ☐ Addition PEARSON, ROBERT J U00000272668 MALKE 2129 NW 28TH PLACE 03/22/05-80012-020 61.25 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32605 CITY-ST-ZIP CHY-SI-7IP Change ☐ Addition HILL Delete HILF MOTT, HOWARD JR NAME 3724 NW 128TH TERR STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CHY-ST-ZIF ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TIFLE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change MGE ☐ Addition HILLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-ST-ZIP

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12. Thereby 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:

About M. Matt. R. 3/16/05 352/332-0244