2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 746351

1. Entity Name
FAITH PRESBYTERIAN CHURCH OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
5916 NW 39TH AVE GAINESVILLE, FL 32606	5916 NW 39TH AVE GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2019298
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, NICK
5725 NW 52ND TERRACE
GAINESVILLE, FL 32606

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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000602875
01/26/07-80107-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRESTON, CHAD
STREET ADDRESS	2017 S.E. 50 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	SD
NAME	STAKELY, JIM
STREET ADDRESS	3133 NW 53RD DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	TD
NAME	WARD, JEFF
STREET ADDRESS	500 NW 103RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE: _____ 1/22/07 352-377-5482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #