## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2003 8:00 am Secretary of State **DOCUMENT # 746351** 1. Entity Name 01-14-2003 90083 036 \*\*\*\*61.25 FAITH PRESBYTERIAN CHURCH OF GAINESVILLE, INC. Principal Place of Business Mailing Address 5916 NW 39TH AVE 5916 NW 39TH AVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2019298 Applied For Not Applicable Zip Country Zip Country \$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 SCHROEDER, NICK Street Address (P.O. Box Number is Not Acceptable) 5725 NW 52ND TERRACE **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) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition PRESTON, CHAD NAME NAME STREET ADDRESS 2017 S.E. 50 STREET STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32641** CITY-ST-ZIP TITLE **S** 6 ☐ Delete TITLE Change Addition WARD, JEFF NAME Stakely, Jim 3133 NW 53rd Drive NAME STREET ADDRESS 500 NW 103 TERRANCE STREET ADDRESS CITY-ST-ZIP Gainesville, FL. 32606 GAINESVILLE FL 32607 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition RICHARDSON, BOB ward, Jeff NAME NAME STREET ADDRESS 500 NW 103rd Terrace 3699 SE 80TH AVE STREET ADDRESS CITY-ST-ZIP **NEWBERRY FL 32669** CITY-ST-ZIP Gainesville, FL. 32607 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED Chado. Preston

FILED

**CR2E037**