

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01888

1. Entity Name

FIRST FREEWILL BAPTIST CHURCH OF GAINESVILLE, IN

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 011 ****61.25

Principal Place of Business

Mailing Address

2248 PALMVIEW CIRCLE WEST
AUBURNDAL FL 33823
US

2248 PALMVIEW CIRCLE WEST
AUBURNDAL FL 33823-9218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2435920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, THOMAS A.
2248 PALMVIEW CIRCLE WEST
AUBURNDAL FL 33823

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WILLIFORD, DAVID
STREET ADDRESS 609 SOUTH BLVD WEST
CITY-ST-ZIP CHIPLEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME COLINS, THOMAS A.
STREET ADDRESS 2248 PALMVIEW CIR WEST
CITY-ST-ZIP AUBURNDAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME CHRISTIAN, JIM
STREET ADDRESS 1502 CAMBRIDGE DRIVE
CITY-ST-ZIP COCOA FL

TITLE DP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D. ☐ Delete
NAME FLANNRAN, KEVIN
STREET ADDRESS 5410 HWY 99
CITY-ST-ZIP BRATT FL

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUSSEY, DONNIE
STREET ADDRESS 4504 MAGNOLIA ROAD
CITY-ST-ZIP MARIANNA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Jose Rodriguez
STREET ADDRESS 39 NW 87 Ave - C-105
CITY-ST-ZIP Miami, FL 33172

12. 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 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:

Thomas A. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-00

Date

863-967-8135

Daytime Phone #

CR2E037 (9/99)