FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

| DOCUN 1. Corporation TOWER | AENIT # NIGEOG | | F CORPORATIONS | | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| IOWEN | Name | (-) | | | | |
| | ROAD BAPTIST CHURCH | i, inc. | | I (B.B.KIR) BAD KIDA BIDA (BKA KIDA B | I 6:80 8:80 8:80 8:80 8:40 8:50 8:50 1981 | |
| Principal Place | of Business | Mailing Address | | | | |
| MDON W MAULDIN 2902 SW 75TH ST GAINESVILLE FL 32607-1730 | | %DON W MAULDIN 2902 SW 75TH ST GAINESVILLE FL 32607-1730 | | | | |
| | | | | 3. Date Incorporated or Qualified 11/20/1989 | 3a. Date of Last Report 02/20/1995 | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | 59-3006103 | Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for inta | angible tax under s. 199.032, | |
| 24 | 25 9. Name and Address of Curre | 29 nt Registered Agent | [30] | Florida Statutes 10. Name and Address of New Reg | Yes No . | |
| | | | 81 Name | | | |
| 2902 SW 75TH ST | | | 82 Street | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| GAINESVI | ILLE PL 32607-1730 | | | | | |
| | | | 84 City | | FL 85 Zip Code | |
| Pursuant to or registered familiar with | the provisions of Sections 617.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sect | 2 and 617.1508, Florida Statu ida. Such change was authori tion 617.0503, Florida Statute | ites, the above-named c zed by the corporation's is. | corporation submits this statement for the purpos is board of directors. I hereby accept the appoint | se of changing its registered office ment as registered agent. I am | |
| SIGNATURE | Ignature, typed or printed name of registered agent | t and the flacolicatile rN | OTE: Registered Agent signature | required when sweet steed | DATE | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | VD | DELETE | 1.1 TATLE | T | Change X Addition | |
| NAME STREET ADDRESS | CHESIRE, RICK 6508 SW 100TH LANE | | 1.2 NAME 1.3 STREET ADDRESS | David Sella | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 1.4 City-St-Zip | 8612 SW 45th BLVD | .o | |
| TITLE | ŠĎ | DELETE | 21 TITLE | Gainesville, FL 3260 | Change MAddition | |
| NAME | FERGER, RONALD | | 22 NAME | Roger A. Gillespie | • | |
| STREET ADDRESS | 4323 SW 98TH PL | | 2 3 STREET ADDRESS | 101025 NW 25th Plac Gainesville, FL 3260 | æ | |
| CITY-ST-ZIP TITLE | GAINESVILLE FL PD | D ¥0€LETE | 2 4 City - ST - ZiP 3.1 TITLE | -artiesville, FL 3200 | Change Addition | |
| NAME | GALES, CLAYTON | 4 | 3 2 NAME | | onlinge Accounts | |
| STREET ADDRESS | 9117 SW 110TH TER. | | 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME STREET ADDRESS | | | 4. 2 NAME | | | |
| JUNE NUMBERS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 51 THLE | | Change Addition | |
| CITY-ST-ZIP TITLE | | | 5.2 NAME | | | |
| | | | 5.3 STREET ADDRESS | | | |
| TITLE NAME STREET ADDRESS | | | 1 5 4 C/T// OT 7 D | f | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | FIRE | 5.4 C/TY - ST - Z/P | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 6.1 TYTLE | 100001759 | Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DELETE | 6.1 TITLE 6.2 NAME | 100001759 -03/25/9601009 | 531 In ☐ Addition ☐ Addition ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | _ | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP | 1 00001755 -03/25/9601005 ****61.25 alify for the exemption stated in Section 119.07(courate and that my signature shall have the sand te this report as required by Chapter 617, Florid | 5033 | |

SIGNATURE:

MATURE AND TYPED OR BUTHTED WANE OF GOILE OF OR DIRECTOR

2/11/96 (352)528-656

CR2E037 (12/95