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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35324** (5)

1. Corporation Name

TOWER ROAD BAPTIST CHURCH, INC.

Principal Place of Business

**2902 S.W. 75TH ST
GAINESVILLE FL 32607-1730**

Mailing Address

**C/O T. ALLEN CROUCH
113 N.E. 16TH AVE.
GAINESVILLE FL 32601**

2. Principal Place of Business

21 2902 SW# 75 St.

Suite, Apt. #, etc.

22

City & State

23 Gainesville FL

Zip

24 32607-1730

Country

25 USA

2a. Mailing Address

26 c/o T. Allen Crouch, Esq.

Suite, Apt. #, etc.

27 113 NE 16 Ave

City & State

28 Gainesville FL

Zip

29 32601

Country

30 USA

9. Name and Address of Current Registered Agent

**CROUCH, ESQ., T. ALLEN
T. ALLEN CROUCH LAW OFFICES
113 N.E. 16TH AVE.
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/20/1989

4. FEI Number

59-3006103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE

NAME **CHESIRE, RICK W**
STREET ADDRESS **8508 SW 100TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **CPD** ☒ DELETE

NAME **SELLA, DAVID G**
STREET ADDRESS **8812 SW 45 BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VCVD** ☐ DELETE

NAME **MILLER, TONY L**
STREET ADDRESS **3747 NW 88 PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **STD** ☐ DELETE

NAME **Don Acthley**
STREET ADDRESS **2902 SW 75 St**
CITY-ST-ZIP **Gainesville FL 32607-1730**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

1.1 TITLE **Pd**
1.2 NAME **Roger J. Ross**
1.3 STREET ADDRESS **2902 SW 75 St**
1.4 CITY-ST-ZIP **Gainesville FL 32607-1730** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VPD** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger J. Ross

4/28/98

(352) 332-5617

CR2E037 (10/97)