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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90016 021 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N35324**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 ☐

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

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**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	ROSS, ROGER J.	
STREET ADDRESS	2902 SW 75TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ATCHLEY, DON	
STREET ADDRESS	2902 SW 75TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TONY L	
STREET ADDRESS	3747 NW 66 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	P, Tr, D	<input type="checkbox"/> DELETE
NAME	Paul McArthur	
STREET ADDRESS	3501 W University Ave Suite D1	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, Tr, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Tr, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:

*Paul McArthur*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99  
 Date

352 378-7041  
 Daytime Phone #

CR2E037 (11/98)