

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35324

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3006103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD
NAME ROSS, ROGER J.
STREET ADDRESS 2902 SW 75TH ST
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE STD
NAME ATCHLEY, DON
STREET ADDRESS 2902 SW 75TH ST
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE PTD
NAME MCARTHUR, PAUL
STREET ADDRESS 3501 W. UNIVERSITY AVE., STE. D1
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T
NAME Michael Parry
STREET ADDRESS 10026 NW 24th Pl
CITY-ST-ZIP Gainesville FL 32606 ☐ Change ☒ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90080 050 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)