


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90830 015 ****61.25

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.

3. Mailing Address
c/o Richard M. White Jr.
Suite, Apt. #, etc.
113 NE 16 Ave

City & State
Gainesville FL

Zip
32601

Country
US



☐ CHECK HERE IF MAKING CHANGES

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: Richard M. White, Jr.
Street Address (P.O. Box Number is Not Acceptable):
113 NE 16 Ave
Gainesville, FL 32601
City: Gainesville FL Zip Code: 32601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard M. White Jr.* **DATE** 2/13/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, MICHAEL 4001 SW 100 WAY GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ralph Youngstrom 1220 SW 91 St Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRY, MICHAEL 10026 NW 24TH PL GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWYER, HORACE 10367 SW 45 LANE GAINESVILLE FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Parry* **Michael Parry** **DATE** 2/13/03 **Phone #** 352-377-4681

CR2E037 (10/02)