FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am Secretary of State **DOCUMENT # N42358** 1. Entity Name 07-12-2001 90120 043 ****61.25 GAINESVILLE CHURCH OF CHRIST INCORPORATED Principal Place of Business Mailing Address POTT 61000 1001 N.E. 28TH AVE P.O. BOX 5636 GAINESVILLE FL 32609 GAINESVILLE FL 32627-5336 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2907278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RUSHING, GEORGE C., SR. 1635 SE 15TH AVE. **GAINESVILLE FL 32641** Zip Code City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (5/01) TITLE □ Delete TITLE ☐ Change ☐ Addition DICKERSON, DON S., JR. NAME NAME 1008 N.E. 22ND TERR. CR2E037 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition DEBOSE, JOSEPH C. NAME NAME 1278 SE 13TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-- # GAINESVILLE FL ~ -TITLE Delete TITLE Change ☐ Addition RUSHING, GEORGE C., SR. NAME NAME STREET ADDRESS 1635 S.E. 15TH AVENUE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DAVIS, NATHANIEL R SR NAME NAME 7027 N.E. 57TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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. OX' 352-372-5946 SIGNATURE