

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N42358</b>                                           |  |
| 1. Entity Name<br><b>GAINESVILLE CHURCH OF CHRIST INCORPORATED</b> |                                                                                   |

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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>1001 N.E. 28TH AVE<br/>GAINESVILLE, FL 32609 US</b> | Mailing Address<br><b>P.O. BOX 5636<br/>GAINESVILLE, FL 32627-5336 US</b> |
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| 6. Name and Address of Current Registered Agent<br><br><b>RUSHING, GEORGE C., SR.<br/>1635 SE 15TH AVE.<br/>GAINESVILLE, FL 32641</b> |  |
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| 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. |  |
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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  | DATE _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|

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| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DICKERSON, DON S., JR.<br>1008 N.E. 22ND TERR.<br>GAINESVILLE, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUSHING, GEORGE C., SR.<br>1635 S.E. 15TH AVENUE<br>GAINESVILLE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIS, NATHANIEL R SR<br>7027 N.E. 57TH ST.<br>GAINESVILLE, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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| 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: <u>George C. Rushing Sr.</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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| 4. FEI Number<br><b>59-2907278</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                                        |

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01/11/04 (352) 372-546  
Date Daytime Phone #

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