

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

FILED

03 FEB -4 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42358

1. Entity Name
GAINESVILLE CHURCH OF CHRIST INCORPORATED



Principal Place of Business
**1001 N.E. 28TH AVE
GAINESVILLE FL 32609
US**

Mailing Address
**P.O. BOX 5636
GAINESVILLE FL 32627-5336
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2907278**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSHING, GEORGE C., SR.
1635 SE 15TH AVE.
GAINESVILLE FL 32641**

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

SIGNATURE *George C. Rushing Sr.*

George C. Rushing Sr.

01/05/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DICKERSON, DON S., JR.**
STREET ADDRESS **1008 N.E. 22ND TERR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200011793142
02/04/03--01090--006 ****\$130.00**

TITLE **D** ☐ Delete
NAME **RUSHING, GEORGE C., SR.**
STREET ADDRESS **1635 S.E. 15TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200011793142
02/04/03--01090--006 ****\$61.25**

TITLE **D** ☐ Delete
NAME **DAVIS, NATHANIEL R SR**
STREET ADDRESS **7027 N.E. 57TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

NATHANIEL R. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/05/03 (352) 391-4008
Daytime Phone #

CR2E037 (10/02)