

FILED
Apr 20, 2000 8:00 am
Secretary of State

01-19-2000 90189 023 ****61.25

DOCUMENT # N42410

1. Entity Name

NORTH GAINESVILLE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3401 N.W. 34TH STREET
 SUITE 4
 GAINESVILLE FL 32605
 US

3401 N.W. 34TH STREET
 SUITE 4
 GAINESVILLE FL 32605-2190
 US

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

59-3061553

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, RICHARD A. JR.
 3401 N.W. 34TH STREET
 SUITE 4
 GAINESVILLE FL 32605

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D** CHANDLER, RICHARD A. JR.
 STREET ADDRESS **D** 6801 N.W. 93RD AVENUE
 CITY-ST-ZIP GAINESVILLE FL 32653

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D** LEAK, TOM
 STREET ADDRESS **D** 7524 N.W. 37TH PLACE
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D** YOUNG, BLAKE
 STREET ADDRESS **D** 5100 N.W. 29TH STREET
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D** REP, JIM SR.
 STREET ADDRESS **D** RT 1 BOX 88
 CITY-ST-ZIP EARLETON FL 32631

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 I am empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

352-338-9050

Daytime Phone #

CR2E037 (9/99)