## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # N42418 05-15-2001 90071 045 \*\*\*\*61.25 NORTH GAINESVILLE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 976256 3401 N.W. 34TH STREET 3401 N.W. 34TH STREET SUITE 4 SUITE 4 GAINESVILLE FL 32605 GAINESVILLE FL 32605 \ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-306 1553 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHANDLER, RICCHARD A. JR. 3401 N.W. 34TH STREET SUITE 4 Zip Code City **GAINESVILLE FL 32605** 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 (NOTE: Registered Agent signature required when reinstating) DATE Stanature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE □ Delete TITLE David Donnelly CHANDLER, RICHARD A JR. NAME NAME 815 S.E. Spruce Street STREET ADDRESS 6801 N.W. 93RD AVENUE STREET ADDRESS CITY-ST-ZIE High Springs, PL 32643 CITY-ST-ZIP **GAINESVILLE FL 32653** Addition ☐ Change Delete TITLE TITLE Lyndell Grigg YOUNG, BLAKE NAME NAME 11612 NW-15+W Lane 5100 N.W. 29TH STREET STREET ADDRESS STREET ADDRESS Gamesville, PL 32606 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 Addition Change ☐ Delete TITLE TITLE REP, JIM SR. NAME Ron Starling NAME 2824 NW 58HV Blvd. STREET ADDRESS STREET ADDRESS RT 1 BOX 88 CITY-ST-ZIP CITY-ST-7IP **EARLETON FL 32631** Gamesville, PL 32606 Addition ☐ Change ☐ Delete TITLE TITLE Richard A. Chandler, Sr. NAME NAME P.O. BOX 77 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DU1058, FL 32658 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-7IP

STREET ADDRESS

12 From A. Chandler Jr. 4-11-01 (352) 338-9050

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Change