

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90135 043 \*\*\*\*61.25

**DOCUMENT # N42418**

1. Entity Name  
**NORTH GAINESVILLE BAPTIST CHURCH, INC.**



Principal Place of Business  
**3401 N.W. 34TH STREET  
SUITE 4  
GAINESVILLE FL 32605  
US**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CHANDLER, RICHARD A. JR.  
3401 N.W. 34TH STREET  
SUITE 4  
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent  
Name **PASTOR GARY D. MANNING - Gary D. Manning**  
Street Address (P.O. Box Number is Not Acceptable)  
**13200 NEWBERRY RD, APT. # FF-186  
GAINESVILLE, FL. 32669**  
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 **(PASTOR) GARY D. MANNING - Gary D. Manning** [D-C / TITLE 11-30-03]  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHANDLER, RICHARD A. JR.</b> <b>6801 N.W. 93RD AVENUE</b> <b>GAINESVILLE FL 32653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEJESUS, PABLO</b> <b>4909 N.W. 16TH PLACE</b> <b>GAINESVILLE FL 32605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, ROBERT</b> <b>9127 N.W. 9TH AVENUE</b> <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHANDLER, RICHARD A SR.</b> <b>16311 N.W. 202ND ST.</b> <b>ALACHUA FL 32615</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-C</b> <b>MANNING, GARY D.</b> <b>13200 - NEWBERRY RD, APT. # FF-186</b> <b>NEWBERRY, FL. 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **GARY D. MANNING (PASTOR) GARY D. MANNING** 4-30-03 4-30-03 (352-338-9050)

CR2E037 (10/02)