# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR -8 PM 3:38

DOCUMENT # N93000003886 (9)

1. Corporation Name

HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILL E INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2620 NE 15TH STREET<br>GAINESVILLE FL 32609<br>US | P O BOX 140272<br>GAINESVILLE FL 32614 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1993
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3195036 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

STRICKLIN, DAVID E.
3521 SW 42ND AVE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | P/TR/T | ☑ Change ☐ Addition |
| NAME | HENLEY, RONALD | 1.2 NAME | DAVID STRICKLIN | |
| STREET ADDRESS | 230 SW 21 E ROAD | 1.3 STREET ADDRESS | P.O. BOX 726 N/A | |
| CITY-ST-ZIP | ARCHER FL 32618 | 1.4 CITY-ST-ZIP | MICANOPY FL 32667 | |
| TITLE | S | 2.1 TITLE | S/TR | ☑ Change ☐ Addition |
| NAME | DEEN, JOHN | 2.2 NAME | RICHARD HARTMANN | |
| STREET ADDRESS | 2901 NE 12TH STREET | 2.3 STREET ADDRESS | P.O. BOX 1631 N/A | |
| CITY-ST-ZIP | GAINESVILLE FL 32609 | 2.4 CITY-ST-ZIP | BRONSON, FL 32621 | |
| TITLE | T | 3.1 TITLE | TR | ☐ Change ☑ Addition |
| NAME | STRICKLIN, DAVID | 3.2 NAME | WILLIAM R. HURST | |
| STREET ADDRESS | P O BOX 726 N/A | 3.3 STREET ADDRESS | 2333 S.E. 44TH TERRACE | |
| CITY-ST-ZIP | MICANOPY FL 32667 | 3.4 CITY-ST-ZIP | GAINESVILLE, FL 32641 | |
| TITLE | | 4.1 TITLE | TR | ☐ Change ☑ Addition |
| NAME | | 4.2 NAME | RONNIE HENLEY | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 9001 S.W. 124TH ST. | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ARCHER FL 32618 | |
| TITLE | | 5.1 TITLE | TR | ☐ Change ☑ Addition |
| NAME | | 5.2 NAME | JOHN DEEN | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 9316 SW. 14TH AVE | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | GAINESVILLE, FL 32601 | |
| TITLE | | 6.1 TITLE | TR | ☐ Change ☑ Addition |
| NAME | | 6.2 NAME | STEVE MORRIS | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 6217 E. UNIVERSITY AVE | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | GAINESVILLE, FL 32601 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 02-08-95 904-335-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020001