FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N93000003886 (9)**

1. Corporation Name

HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILL E INC.

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

3. Date Incorporated or Qualified: 08/10/1993	3a. Date of Last Report: 03/08/1995
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
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 617.0502 and 617.1508, 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 617.0503, 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	PTRT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLIN, DAVID		1.2 NAME	
STREET ADDRESS	P.O. BOX 726 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL		1.4 CITY-ST-ZIP	
TITLE	STR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTMANN, RICHARD		2.2 NAME	
STREET ADDRESS	P.O. BOX 1631 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONSON FL		2.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HURST, WILLIAM		3.2 NAME	
STREET ADDRESS	2333 S.E. 44TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENLEY, RONNIE		4.2 NAME	000001817550 -05/13/96--01010--020 ***70.00
STREET ADDRESS	9001 S.W. 124TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL		4.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DEEN, JOHN		5.2 NAME	
STREET ADDRESS	9316 SW 14TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, STEVE		6.2 NAME	
STREET ADDRESS	5217 E. UNIVERSITY AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	5-1-96 OK

CR2E037 (12/95)

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)(k), 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: _____ DAVID Stricklin 4-29-96 352/335-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #