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Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003886 (9)

1. Corporation Name

HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILLE INC.

Principal Place of Business

Mailing Address

2620 NE 15TH STREET
GAINESVILLE FL 32609
US

P O BOX 140272
GAINESVILLE FL 32614-0272



3. Date Incorporated or Qualified
08/10/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5510 SW 41st BLVD

83

84 City

GAINESVILLE

FL

85 Zip Code

32608

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

DAVID STRICKLIN

04-30-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/RT ☐ DELETE
NAME STRICKLIN, DAVID
STREET ADDRESS P.O. BOX 726 N/A
CITY-ST-ZIP MICANOPY FL

1.1 TITLE P/TR ☒ Change ☐ Addition
1.2 NAME RONNIE HENLEY
1.3 STREET ADDRESS 9001 SW 124th STREET
1.4 CITY-ST-ZIP ARCHER, FL 32618

TITLE STR ☒ DELETE
NAME HARTMANN, RICHARD
STREET ADDRESS P.O. BOX 1631 N/A
CITY-ST-ZIP BRONSON FL

2.1 TITLE S/IT/TR ☒ Change ☐ Addition
2.2 NAME DAVID STRICKLIN
2.3 STREET ADDRESS P.O. BOX 726 N/A
2.4 CITY-ST-ZIP MICANOPY, FL 32667

TITLE TR ☒ DELETE
NAME HURST, WILLIAM
STREET ADDRESS 2333 S.E. 44TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE TR ☐ Change ☐ Addition
3.2 NAME JOHN DEEN
3.3 STREET ADDRESS 9316 SW 14th AVE
3.4 CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE TR ☐ DELETE
NAME HENLEY, RONNIE
STREET ADDRESS 9001 S.W. 124TH ST.
CITY-ST-ZIP ARCHER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TR ☐ DELETE
NAME DEEN, JOHN
STREET ADDRESS 9316 SW 14TH AVE
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TR ☒ DELETE
NAME MORRIS, STEVE
STREET ADDRESS 5217 E. UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)