

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 031 ****70.00

DOCUMENT # N93000003886

Corporation Name

**HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILLE
E INC.**

Principal Place of Business

2620 NE 15TH STREET
GAINESVILLE FL 32609
JS

Mailing Address

P O BOX 140272
GAINESVILLE FL 32614



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/10/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3195036	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STRICKLIN, DAVID E.
2620 NORTHEAST 15TH STREET
GAINESVILLE FL 32614

10. Name and Address of New Registered Agent

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

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PTR	1.1 TITLE	
ME	HENLEY, RONNIE	1.2 NAME	
REET ADDRESS	9001 S.W. 124TH ST	1.3 STREET ADDRESS	
Y-ST-ZIP	ARCHER FL	1.4 CITY-ST-ZIP	
LE	STR	2.1 TITLE	
ME	STRICKLIN, DAVID	2.2 NAME	
REET ADDRESS	P.O. BOX 726 N/A	2.3 STREET ADDRESS	
Y-ST-ZIP	MICANOPY FL	2.4 CITY-ST-ZIP	
LE	TR	3.1 TITLE	
ME	DEEN, JOHN	3.2 NAME	
REET ADDRESS	9316 S.W. 14TH AVE	3.3 STREET ADDRESS	
Y-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
LE		4.1 TITLE	
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. STRICKLIN

08/15/99 352-332-2211

CR2E037 (5/99)