

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003886

1. Entity Name
**HIGHLAND MISSIONARY BAPTIST CHURCH OF
GAINESVILLE INC.**



Principal Place of Business
**2620 NE 15TH STREET
GAINESVILLE, FL 32609 US**

Mailing Address
**P O BOX 140272
GAINESVILLE, FL 32614**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3195036

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HENLEY, RONNIE 9001 S.W. 124TH ST ARCHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTR STRICKLIN, DAVID P.O. BOX 726 N/A MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEEN, JOHN 9316 S.W. 14TH AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000356507
05/04/05-80037-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *David Stricklin* **DAVID STRICKLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 904-964-4851

Date

Daytime Phone