2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90402 002 ****61.25

DOCUMENT # 740123

1. Entity Name
GAINESVILLE, FLORIDA, HOUSING CORPORATION, INC.

Principal Place of Business
1900 SOUTHEAST 4TH STREET
P.O. BOX 1468
GAINESVILLE, FL 32601

Mailing Address
1900 SOUTHEAST 4TH STREET
P.O. BOX 1468
GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3528149 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, WILLIAM, D
1900 SE 4TH STREET
GAINESVILLE, FL 32607

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOWMAN, NORMAN J.
STREET ADDRESS	1900 SE 4TH ST.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	ST
NAME	COCHRAN, WILLIAM D
STREET ADDRESS	1900 SE 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	PD
NAME	FEARNSIDE, MARY, V
STREET ADDRESS	1900 SE 4TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	D
NAME	WILLIAMS, ROSA
STREET ADDRESS	1900 SE 4TH ST
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William H. Cochran 4/16/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #