

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740123

FILED
Jul 08, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

1900 SE 4 STREET
GAINESVILLE, FL 32641

Current Mailing Address:

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

New Mailing Address:

1900 SE 4 STREET
GAINESVILLE, FL 32641

FEI Number: 59-3528149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAIER, FRANK P ATTY
4041 NW 37 PLACE
SUITE B
GAINESVILLE, FL 32606 US

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.

SIGNATURE: FRANK P. SAIER

07/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, ROSA
Address: 1900 SE 4TH ST.
City-St-Zip: GAINESVILLE, FL 32641

Title: VP () Delete
Name: WILLIAMS, ROSA
Address: 1900 SE 4TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: JONES, TONY
Address: 1900 SE 4 STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: GODLEY, KAREN
Address: 8608 SW 77 AVENUE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: LLOYD, DERRY
Address: 1900 SE 4 STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VP (X) Change () Addition
Name: GODLEY, KAREN
Address: 8608 SW 77 AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELLIS, LARRY
Address: 1900 SE 4 STREET
City-St-Zip: GAINESVILLE, FL 32641

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA WILLIAMS

PD

07/08/2009

Electronic Signature of Signing Officer or Director

Date