

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002636

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: CHRISTIAN STUDY CENTER OF GAINESVILLE, INC.

**Current Principal Place of Business:**

112 NW 16TH ST.  
GAINESVILLE, FL 326031827 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 NW 16TH ST.  
GAINESVILLE, FL 326031827

**New Mailing Address:**

FEI Number: 59-3638273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNCH, JAMES W JR.  
112 NW 16TH ST.  
GAINESVILLE, FL 326031827 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: LYNCH, JAMES W DR.  
Address: 112 NW 16TH ST.  
City-St-Zip: GAINESVILLE, FL 32603

Title: DS/T ( ) Delete  
Name: HOLM, CYNTHIA F MS.  
Address: 2027 SW 83RD COURT  
City-St-Zip: GAINESVILLE, FL 32607

Title: D/V ( ) Delete  
Name: SPENCER, KENDALL MR.  
Address: 13840 ADMIRAL BEND  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: SOMMERVILLE, JOHN DR.  
Address: 3756 NW 28TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: AKERS, RONALD DR.  
Address: 8117 SW 90TH LANE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: NIKITIN, VONDA DR.  
Address: 3894 FADI DRIVE  
City-St-Zip: TROY, MI 48084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W. LYNCH, JR.

DR.

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date