

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003091

FILED
Apr 21, 2009
Secretary of State

Entity Name: GAINESVILLE DOWNTOWN OWNERS AND TENANTS, INC.

Current Principal Place of Business:

101 SE 2ND PLACE
SUITE 202
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P O BOX 464
GAINESVILLE, FL 326020464

New Mailing Address:

FEI Number: 59-3191085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGURN, LINDA C
101 SE 2ND PLACE
SUITE 202
GAINESVILLE, FL 32601 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: DT () Delete
Name: MCGURN, LINDA C
Address: 4918 SE 185 AVE
City-St-Zip: MICANOPY, FL

Title: PD () Delete
Name: HUGHES, JACK
Address: 300 EAST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: STANGE, ERIC
Address: 104 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FLEMMING, TERRY
Address: P O BOX 6024
City-St-Zip: GAINESVILLE, FL 32627

Title: D () Delete
Name: BATISTA, RANDY
Address: 21 SE 2ND PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: DVP () Delete
Name: SAXTON, HARRY
Address: 201 SE 2ND AVENUE #308
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: HUGHES, JACK
Address: 300 EAST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: DP (X) Change () Addition
Name: STANGE, ERIC
Address: 104 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D (X) Change () Addition
Name: BASS, ADAM
Address: 114 SE 2ND STREET
City-St-Zip: GAINESVILLE, FL 32601

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

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: LINDA C. MCGURN

Electronic Signature of Signing Officer or Director

TREA

04/21/2009

Date