

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758605

Entity Name: GAINESVILLE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

711 NW 23TH AVE
SUITE 1
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 14042
GAINESVILLE, FL 32604

FEI Number: 59-2123620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHEY, MILLEDGE
711 NW 23TH AVE
SUITE 1
GAINESVILLE, FL 32609 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: MILLEDGE MURPHEY

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name MURPHEY, MILLEDGE
Address 1815 NW 7 PL
City-State-Zip: GAINESVILLE FL 32603

Title T
Name JONES, EDWARD C JR.
Address 4533 NE 77TH AVE.
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name FAGERBERG, SEIGFRED DR.
Address PO BOX 216
City-State-Zip: MICANOPY FL 32667

Title DIRECTOR
Name OGLES, OGLES M.
Address 510 SW 34 ST APT 10
City-State-Zip: GAINESVILLE FL 32607

Title VP
Name WILLIAMS, JIMMY
Address 5047 SW 9TH LN
City-State-Zip: GAINESVILLE FL 32607

Title PRESIDENT
Name BOURG, ROBIN
Address 4517 NE 77 AVE
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name GOODNIGHT, C. RICHARD
Address 6018 NW 33RD TERR
City-State-Zip: GAINESVILLE FL 32653

I hereby 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 all other like empowered.

SIGNATURE: MILLEDGE MURPHEY

SECRETARY

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date