#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 758605** 

Entity Name: GAINESVILLE CHARITABLE FOUNDATION, INC.

FILED Feb 05, 2023 Secretary of State 4269214316CC

# **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 02/05/2023

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title S Title T

NameMURPHEY, MILLEDGENameJONES, EDWARD C JR.Address1815 NW 7 PLAddress4533 NE 77TH AVE.City-State-Zip:GAINESVILLE FL 32603City-State-Zip:GAINESVILLE FL 32605

Title DIRECTOR Title DIRECTOR

NameFAGERBERG, SEIGFRED DR.NameOGLES, OGLES M.AddressPO BOX 216Address510 SW 34 ST APT 10City-State-Zip:MICANOPY FL 32667City-State-Zip:GAINESVILLE FL 32607

Title PRESIDENT Title VP

Name STOPKA, CHRISTINE Name BOURG, ROBIN
Address 4908 NW 55TH STREET Address 4517 NE 77 AVE

City-State-Zip: GAINESVILLE FL 32653 City-State-Zip: GAINESVILLE FL 32609

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** 

02/05/2023