

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758605

**Entity Name:** GAINESVILLE CHARITABLE FOUNDATION, INC.

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**0046570591CC**

**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**

**02/13/2020**

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 PRESIDENT  
Name STOPKA, CHRISTINE  
Address 4908 NW 55TH STREET  
City-State-Zip: GAINESVILLE FL 32653

Title VP  
Name BOURG, ROBIN  
Address 4517 NE 77 AVE  
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**

**02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date