

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002636

Entity Name: CHRISTIAN STUDY CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

112 NW 16TH ST.
GAINESVILLE, FL 32603-1827

Current Mailing Address:

112 NW 16TH ST.
GAINESVILLE, FL 32603-1827 US

FEI Number: 59-3638273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNCH, JAMES WJR.
112 NW 16TH ST.
GAINESVILLE, FL 32603-1827 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name LYNCH, JAMES WJR.
Address 112 NW 16TH ST.
City-State-Zip: GAINESVILLE FL 32603-1827

Title DIRECTOR
Name SCHUBERT, TIMOTHY
Address 5011 NW 64 LN
City-State-Zip: GAINESVILLE FL 32653

Title EXECUTIVE DIRECTOR, DIRECTOR
Name SACASAS, MICHAEL
Address 5133 SW 91 CT G303
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name O'MALLEY, MIKE
Address 1532 SE 39TH PL
City-State-Zip: GAINESVILLE FL 32641

Title D/T
Name KURDZIEL, KENNETH F
Address 3619 NW 18 PLACE
City-State-Zip: GAINESVILLE FL 32605-3675

Title DIRECTOR
Name HENDERSON, BRENT
Address 3915 NW 59 AVE
City-State-Zip: GAINESVILLE FL 32653

Title SECRETARY
Name ESCOTO, ERNESTO
Address 8491 SW 11TH RD
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name AYRES, KATHY
Address 601 NW 36TH DR
City-State-Zip: GAINESVILLE FL 32607

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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: JAMES W. LYNCH, JR.

PRESIDENT

02/07/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEINERT, KATHLEEN
Address 13714 NW 157TH PL
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name NARDELLA, MICHAEL
Address 1003 BRITTON ALY
City-State-Zip: ORLANDO FL 34787

Title DIRECTOR
Name GODDARD, LAURIE
Address 1615 NW 34 PLACE
City-State-Zip: GAINESVILLE FL 32605