

**2024 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 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 EXECUTIVE DIRECTOR, DIRECTOR  
Name SACASAS, MICHAEL  
Address 5133 SW 91 CT G303  
City-State-Zip: GAINESVILLE FL 32608

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

Title DIRECTOR  
Name ZIMMERMAN, CINDY  
Address 1500 BRIERCLIFF DR  
City-State-Zip: ORLANDO FL 32806

**Continues on page 2**

*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:** ANABEL WHITE

**DIRECTOR OF  
ADVANCEMENT**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CARNELL, RICHARD  
Address 1708 SW 43RD AVE  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name PACHECO, MARK  
Address 710 SW 27TH ST  
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR  
Name WHITE, ANABEL  
Address 4228 NW 20TH ST  
City-State-Zip: GAINESVILLE FL 32605