

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002636

FILED
Mar 15, 2021
Secretary of State
5317712848CC

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

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

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

Title DIRECTOR
Name HORNER, RICHARD VANCE PHD
Address 2137 SW 95TH TERR
City-State-Zip: GAINESVILLE FL 32607

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

Title DIRECTOR
Name O'MALLEY, MIKE
Address 2616 NW 104TH CT
City-State-Zip: GAINESVILLE FL 32606

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: JAMES W. LYNCH, JR

PRESIDENT, BOD

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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