

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002636

FILED
Jan 09, 2017
Secretary of State
CC5448120776

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 HAMERSMA, SARAH
Address 521 CUMBERLAND AVENUE
City-State-Zip: SYRACUSE NY 13210-2621

Title DIRECTOR
Name DUNN, NICK
Address 301 S RUSSELL ST
City-State-Zip: CHAMPAIGN IL 61821

Title DIRECTOR
Name SARAJEDINI, VICKY
Address 10417 SW 21ST AVENUE
City-State-Zip: GAINESVILLE FL 32607-3264

Title SECRETARY
Name GODDARD, LAURIE
Address 1702 NW 10TH ST
City-State-Zip: GAINESVILLE FL 32609

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

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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.

BOARD PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name ANDRE, JEFF

Address 282 LEWFIELD CT.

City-State-Zip: WINTER PARK FL 32792