

**2016 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 HAMERSMA, SARAH  
Address 521 CUMBERLAND AVENUE  
City-State-Zip: SYRACUSE NY 13210-2621

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

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

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

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

Title SECRETARY  
Name GODDARD, LAURIE  
Address 1702 NW 10TH ST  
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: DR. JAMES W. LYNCH, JR.**

**PRESIDENT**

**02/04/2016**

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

\_\_\_\_\_  
Date