

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02065

**Entity Name:** UNITY OF GAINESVILLE, INC.**Current Principal Place of Business:**8801 NW 39TH AVE  
GAINESVILLE, FL 32606**Current Mailing Address:**8801 NW 39TH AVE  
GAINESVILLE, FL 32606 US**FEI Number:** 59-2499226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRAUSAL, GIOVANNA CHURCH ADMINISTRATOR  
8801 NW 39 AVENUE  
GAINESVILLE, FL 32606 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:** GIOVANNA DRAUSAL

03/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | GORDON, BARBARA      |
| Address         | 8801 NW 39TH AVE     |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | MILLS, LAURI         |
| Address         | 8801 NW 39TH AVE     |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | ROBINSON, WENDY      |
| Address         | 8801 NW 39TH AVENUE  |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | CHURCH ADMINISTRATOR |
| Name            | DRAUSAL, GIOVANNA    |
| Address         | 8801 NW 39TH AVE     |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | BONNELL, DONNA       |
| Address         | 8801 NW 39TH AVE     |
| City-State-Zip: | GAINESVILLE FL 32606 |

*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:** GIOVANNA DRAUSALCHURCH  
ADMINISTRATOR

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date