

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011265

**Entity Name:** SPIRIT OF FAITH CHRISTIAN CENTER OF GAINESVILLE, INC.

**FILED**  
**Feb 21, 2014**  
**Secretary of State**  
**CC6524252142**

**Current Principal Place of Business:**

5805 NW 37TH ST  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5805 NW 37TH ST  
GAINESVILLE, FL 32653 US

**FEI Number: 20-5952768**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLAYTOR, TABATHA  
1404 SW 109TH DR  
GAINESVILLE, FL 32607 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 PD  
Name CLAYTOR, KENNETH J  
Address 1404 SW 109TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title VPD  
Name CLAYTOR, TABATHA A  
Address 1404 SW 109TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name VADEN, ALFRED BJR  
Address 501 SW 75TH ST D-11  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name TALLEY, CRYSTAL P  
Address 193 NW WHITE OAK GLEN  
City-State-Zip: LAKE CITY FL 32055

*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: KENNETH CLAYTOR**

**PD**

**02/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date