

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000798

Entity Name: GAINESVILLE H.I.P.P.Y., INC.

Current Principal Place of Business:

603 NW 7TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

P O BOX 5688
GAINESVILLE, FL 32627 US

FEI Number: 41-2266098

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, DR. DETROIT R
7407 NW 21ST COURT
GAINESVILLE, FL 32653 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 PBCH
Name KEVIN, THORPE
Address 5130 SW 81ST DR
City-State-Zip: GAINESVILLE FL 32608

Title S
Name NAIMA, PRINCE
Address 25510 NW 10TH AVE
City-State-Zip: NEWBERRY FL 32669

Title VP
Name WILLIAMS, DETROIT RDR
Address 7407 N W 21ST COURT
City-State-Zip: GAINESVILLE FL 32653

Title T
Name COLBERT, ALLEN
Address 628 NW 7TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name RAWLS, YVONNE C
Address 5808 SW 49TH STREET
City-State-Zip: GAINESVILLE FL 32608

Title EXECUTIVE SECRETARY
Name ADAMS, NAJAH N ESQ.
Address 4634 NE 16TH TER
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: NAJAH N ADAMS

EXECUTIVE SECRETARY 01/17/2013

Electronic Signature of Signing Officer/Director Detail

Date