

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

DOCUMENT# N09000004395

**Entity Name:** GAINESVILLE HACKERSPACE, INC.

**Current Principal Place of Business:**

101 SE 2ND PL, STE 100  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 14831  
GAINESVILLE, FL 32604

**FEI Number:** 26-4733256

**Certificate of Status Desired:** No

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

TAYLOR, IAN B  
128 NE 4TH ST  
GAINESVILLE, FL 32601 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 P  
Name TAYLOR, IAN  
Address 128 NE 4TH ST.  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name CHRISTIAN, VON KLEIST  
Address 121 SE 10TH ST  
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER  
Name ROUT, ALLEN S  
Address 1428 NW 7TH RD  
City-State-Zip: GAINESVILLE FL 32603

Title S  
Name CAMPBELL, DAVID C  
Address 3425 SW 2ND AVE  
#239  
City-State-Zip: GAINESVILLE FL 32607

Title SA  
Name FRANK, LOWRY  
Address 3021 NE 21ST WAY STE 5  
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:** CHRISTIAN VON KLEIST

VP

09/18/2014

Electronic Signature of Signing Officer/Director Detail

Date