Current Prin 2419 NW 15TH	ncipal Place of Business:		CC066	61445379
GAINESVILLE,	FL 32605			
Current Mai	ling Address:			
2419 NW 15 GAINESVILI	TH PLACE LE, FL 32605 US			
FEI Number: 46-4119549			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agen	t:		
FURLOW, CHR 2419 NW 15TH GAINESVILLE,	PLACE			
The above name	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of I	Florida.
SIGNATURE	E: CHRIS A. FURLOW			04/30/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
<b>Officer/Dire</b> Title		Title	VP	Date
	ctor Detail :	Title Name	VP THOMSON, EWEN	Date
Title	ctor Detail :			Date
Title Name	ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL	Name	THOMSON, EWEN	Date
Title Name Address	ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL	Name Address	THOMSON, EWEN 3215 NW 17TH STREET	Date
Title Name Address City-State-Zip:	ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL GAINESVILLE FL 32605	Name Address City-State-Zip:	THOMSON, EWEN 3215 NW 17TH STREET GAINESVILLE FL 32605	Date
Title Name Address City-State-Zip: Title	Ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL GAINESVILLE FL 32605 VP	Name Address City-State-Zip: Title	THOMSON, EWEN 3215 NW 17TH STREET GAINESVILLE FL 32605 VP	Date
Title Name Address City-State-Zip: Title Name	ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL GAINESVILLE FL 32605 VP KARP, ROBERT K 1101 NW 43RD AVE	Name Address City-State-Zip: Title Name	THOMSON, EWEN 3215 NW 17TH STREET GAINESVILLE FL 32605 VP REISKIND, JULIA 213 SW 41ST ST	Date
Title Name Address City-State-Zip: Title Name Address	ctor Detail : P FURLOW, CHRIS 2419 NW 15TH PL GAINESVILLE FL 32605 VP KARP, ROBERT K 1101 NW 43RD AVE	Name Address City-State-Zip: Title Name Address	THOMSON, EWEN 3215 NW 17TH STREET GAINESVILLE FL 32605 VP REISKIND, JULIA 213 SW 41ST ST	Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GAINESVILLE CITIZENS FOR ACTIVE TRANSPORTATION, INC.

DOCUMENT# N13000010289

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: CHRIS A. FURLOW

5320 SW 88TH CT

City-State-Zip: GAINESVILLE FL 32608

Address

Electronic Signature of Signing Officer/Director Detail

04/30/2018

FILED Apr 30, 2018

**Secretary of State**