

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012132

Entity Name: GIFFORD COMMUNITY CULTURAL AND RESOURCE CENTER, INC.**FILED**
May 01, 2019
Secretary of State
9877582761CC**Current Principal Place of Business:**4530 28TH COURT
GIFFORD, FL 32967**Current Mailing Address:**P. O. BOX 644347
VERO BEACH, FL 32964 US**FEI Number: 81-4878056****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PERRY, JONNIE M
3010 41ST STREET
VERO BEACH, FL 32967 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 EXECUTIVE DIRECTOR
Name PERRY, JONNIE M
Address 3010 41ST STREET
City-State-Zip: VERO BEACH FL 32967

Title VP
Name WARRIOR, JACQUELINE DR.
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

Title SECRETARY
Name LIPTON, BARBARA
Address 760 23RD PLACE, SW
City-State-Zip: VERO BEACH FL 32962

Title TREASURER
Name SMITH, VERA G
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR
Name BIALOSKY, JANE
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

Title DIRECTOR OF HOSPITALITY
Name LANE, LETHA
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

Title GIFFORD HISTORIC MUSEUM & CULTURAL CENTER STEERING COMMITTEE
Name GIPSON, GODFREY
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

Title GIFFORD HISTORIC MUSEUM & CULTURAL CENTER STEERING COMMITTEE
Name WASHINGTON, KATHERINE
Address P. O. BOX 644347
City-State-Zip: VERO BEACH FL 32964

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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: JONNIE PERRY**EXECUTIVE DIRECTOR****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLMES, KENNETH
Address	P. O. BOX 644347
City-State-Zip:	VERO BEACH FL 32964