2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2017
Secretary of State
CC4164274202

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Entity Name: FAMILY PROMISE OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

229 S.W. 5TH STREET
GAINESVILLE, FL 32601

Current Mailing Address:

P.O. BOX 5189
GAINESVILLE, FL 32627 US

FEI Number: 59-3414493

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORASKI, JAYNE M
229 S.W. 5TH STREET
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: JAYNE M MORASKI 01/30/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VICE PRESIDENT
Name	MCCUNE, HELEN
Address	6011 NW 41ST DR
City-State-Zip:	GAINESVILLE FL 32653

Title	DIRECTOR
Name	ANNA, YOUNG
Address	123 TIGERT HALL
City-State-Zip:	GAINESVILLE FL 32611

Title	PRESIDENT
Name	BECKERDITE, STAN
Address	10947 NW 33RD PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	MASTRODICASA, JEANNA
Address	1008 MCCARTY HALL PO BOX 110180
City-State-Zip:	GAINESVILLE FL 32611

Title	TREASURER
Name	GURSKE, ADAM
Address	16444 NW 206TH DRIVE
City-State-Zip:	HIGH SPRINGS FL 32643

Title	DIRECTOR
Name	PHILLIPS, DIANNE
Address	4812 SW 47TH STREET
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	CUPOLI, CHRIS
Address	6011 NW 41ST DR
City-State-Zip:	GAINESVILLE FL 32603

Title	DIRECTOR
Name	DASLER, PAT
Address	8116 SW 90TH LN
City-State-Zip:	GAINESVILE FL 32608

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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: STAN BECKERDITE PRESIDENT 01/30/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KNOX, MELISSA
Address	2626 E UNIVERSITY AVE
City-State-Zip:	GAINESVILLE FL 32641