2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 31, 2014
Secretary of State
CC5884726824

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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: No

Name and Address of Current Registered Agent:

LATTIMER, MICHAEL
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: MICHAEL LATTIMER 07/31/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIR
Name	HAINES, BETH
Address	6727 41ST PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	TREA/ DIR
Name	KIRK, SHERRIE
Address	1826 W UNIVERSITY AVE
City-State-Zip:	GAINESVILLE FL 32603

Title	PD
Name	MUTCH, SAMUEL A JD,MCP
Address	2114 NW 40TH TERRACE, STE A-1
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	UMANOS, MATTHEW
Address	215 NE BLVD 19
City-State-Zip:	GAINESVILLE FL 32601

Title	PRESIDENT
Name	LATTIMER, MICHAEL
Address	602 NW 33RD AVE
City-State-Zip:	GAINESVILLE FL 32608

Title	DIR
Name	JOHNSTON, OTTO PHD
Address	1826 WEST UNIVERSITY AVE
City-State-Zip:	GAINESVILLE FL 32603

Title	SD
Name	MEYER, LYNNE PHD
Address	1521 NW 34TH ST
City-State-Zip:	GAINESVILLE FL 32605

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

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: MICHAEL LATTIMER PRESIDENT 07/31/2014

Electronic Signature of Signing Officer/Director Detail — Date