2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2016
Secretary of State
CC1277895076

DOCUMENT# N96000004679

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:

SMITH, BRUCE 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: BRUCE M. SMITH 05/17/2016

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	KIRK, SHERRIE
Address	3602 NW 52ND TERRACE
City-State-Zip:	GAINESVILLE FL 32606

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

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

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

Title	PAST PRESIDENT
Name	LATTIMER, MICHAEL
Address	602 NW 33RD AVENUE
City-State-Zip:	GAINESVILLE FL 32609

Title	DIRECTOR
Name	BRUCE, SMITH M
Address	2622 NW 43RD STREET, SUITE C-5
City-State-Zip:	GAINESVILLE FL 32606

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

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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: ADAM GURSKE TREASURER 05/17/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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