

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**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****01/31/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name ARREOLA, DAVID
Address 318 SW 27TH STREET
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name PONZIO, KIMBERLY
Address 8503 SW 4TH PL
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name BOBROFF, LINDA
Address P.O. BOX 5189
City-State-Zip: GAINESVILLE FL 32627

Title DIRECTOR
Name HAMILTON, VALARIA
Address 2801 NW 23RD BLVD
City-State-Zip: GAINESVILLE FL 32605

Continues on page 2

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: MIKEL BRADLEY**EXECUTIVE DIRECTOR****01/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name MALCOLM, TAMELIA
Address UNIVERSITY OF FLORIDA
PO BOX 100296
City-State-Zip: GAINESVILLE FL

Title DIRECTOR
Name NICE, KELLIE
Address 3275 SW 40TH BLVD,
City-State-Zip: GAINESVILLE FL 32608

Title PRESIDENT
Name BRADLEY, MIKEL
Address 1000 NE 16TH AVE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name VILLALOBOS, JORGE
Address 7230 WEST UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOE
Name TARYN, BUCKLEY
Address 5700 SW 34TH
STREET _____
City-State-Zip: GAINESVILLE FL 32601