2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703054

FILED Jaņ 10, 2<u>00</u>9 Secretary of State

Entity Name: THE GAINESVILLE MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS, INC.

Current Principal Place of Business: New Principal Place of Business:

702 NW 38 STREET GAINESVILLE, FL 32606

Current Mailing Address: New Mailing Address:

702 NW 38 STREET GAINESVILLE, FL 32606

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL, WILLIAN J 3857 SW 5TH PLACE GAINESVILLE, FL 32607 US

OFFICERS AND DIRECTORS:

GAINESVILLE, FL 32607

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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GAINESVILLE, FL 32607 US

() Change () Addition () Delete

LARSON, JEAN Name: Name: 3857 SW 5TH PL Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip:

Title: DS () Delete Title: (X) Change () Addition DS ODOM, ELISABETH Name: PUCKETT, CATHERINE Name:

Address: 2106 NW 9 AVE Address: 702 NW 38TH ST.

Title: VD. () Delete Title: VD (X) Change () Addition

WINEFORDNER, LAURA PORTER, KAREN Name: Name: 3535 NW 40TH TERRACE Address: Address: 702 NW 38TH ST

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD () Delete Title: TD (X) Change () Addition Name: MITCHELL, WILLIAM Name: MITCHELL, WILLIAM

Address: 3857 SW 5TH PLACE Address: 3857 SW 5TH PLACE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607 US

Title: () Delete Title: (X) Change () Addition

MCPHERSON, ANNIE WINEFORDNER, LAURA Name: Name: 4002 NW 16 PLACE 702 NW 38TH ST Address: Address:

GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. MITCHELL **TREA** 01/10/2009