

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90026 042 \*\*\*\*61.25

**DOCUMENT # 710250**

1. Entity Name  
**GAINESVILLE AREA CHAMBER OF COMMERCE,  
INCORPORATED**



Principal Place of Business  
**300 E UNIVERSITY AVE  
STE 100  
GAINESVILLE, FL 32602**

Mailing Address  
**300 E UNIVERSITY AVE  
STE 100  
GAINESVILLE, FL 32602**

40000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0258435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTENSEN, J BRENT  
300 E UNIVERSITY AVE  
STE 100  
GAINESVILLE, FL 32602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CHRISTENSEN, J. BRENT  
STREET ADDRESS 300E UNIVERSITY AVE STE 100  
CITY-ST-ZIP GAINESVILLE, FL 32602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THOMAS, KINNON K  
STREET ADDRESS 619 SOUTH MAIN STREET, SUITE K  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE CD ☒ Change ☐ Addition  
NAME Thomas, Kinnon K  
STREET ADDRESS 619 South Main Street, Suite K  
CITY-ST-ZIP Gainesville FL 32601

TITLE CD ☒ Delete  
NAME WALSH, MICHAEL  
STREET ADDRESS 3455 SW 42ND AVE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CIRULLI, JOSEPH  
STREET ADDRESS 4820 W NEWBURY RD  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D ☒ Change ☐ Addition  
NAME Cirulli, Joseph  
STREET ADDRESS 4820 W Newbury Rd  
CITY-ST-ZIP Gainesville FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Eric Gadet  
STREET ADDRESS 11621 Research Circle  
CITY-ST-ZIP Alachua FL 32615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Brent Christensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-08

(352) 334-7108

Date

Daytime Phone #