

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711175

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: THE UNITED CHURCH OF GAINESVILLE, INC.

**Current Principal Place of Business:**

1624 NW 5 AVE  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

**Current Mailing Address:**

1624 NW 5 AVE  
GAINESVILLE, FL 32603 US

**New Mailing Address:**

FEI Number: 59-1219971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAKE, CATHERINE  
2611 NW 44 PL  
GAINESVILLE, FL 32605 US

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

GOLDSTEIN, LISA A  
1415 NW 14 AVENUE  
GAINESVILLE, FL 32605 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: LISA A GOLDSTEIN      01/23/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REIMER, LAWRENCE  
Address: 1624 NW 5 AVE  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: DFS ( ) Delete  
Name: LITTELL, RAMON  
Address: 3840 NW 35 PL  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DM ( ) Delete  
Name: HAUPTMAM, JACK  
Address: 4309 NW 70 TER  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DT (X) Delete  
Name: CAKE, CATHERINE  
Address: 2611 NW 44 PL  
City-St-Zip: GAINESVILLE, FL 32605 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: MARTIN, TIM  
Address: 526 SW 40 STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: DM (X) Change ( ) Addition  
Name: GILL, ANN  
Address: 3916 NW 32 PLACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE REIMER      PD      01/23/2007  
Electronic Signature of Signing Officer or Director      Date