

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730480

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** HOLY TRINITY CHILD CARING CENTER OF GAINESVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

1503 NW 16TH AVENUE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 NE FIRST STREET  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-1558791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTELLO, WAYNE P  
321 SW 26TH STREET  
GAINESVILLE, FL 32607 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HALL, BARBARA  
Address: 3505 NW 18TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: RENEKE, REBEKAH  
Address: 3100 NW 14TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: ELLIS, JANE  
Address: 1211 NE 5TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: DS  
Name: KUNZ, LINDA  
Address: 4114 NW 15TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

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: REBEKAH L. RENEKE

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date