

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 040 ****61.25

DOCUMENT # 740123

1. Entity Name
GAINESVILLE, FLORIDA, HOUSING CORPORATION, INC.



Principal Place of Business
1900 SOUTHEAST 4TH STREET
P.O. BOX 1468
GAINESVILLE, FL 32601

Mailing Address
1900 SOUTHEAST 4TH STREET
P.O. BOX 1468
GAINESVILLE, FL 32601

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

04102008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3528149

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

COCHRAN, WILLIAM, D
1900 SE 4TH STREET
GAINESVILLE, FL 32607

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 BOWMAN, NORMAN J.
STREET ADDRESS 1900 SE 4TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32644

TITLE PD ☒ Change ☐ Addition
NAME ROSA WILLIAMS
STREET ADDRESS 1900 SE 4TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE ST ☐ Delete
NAME COCHRAN, WILLIAM D
STREET ADDRESS 1900 SE 4TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32641

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

TITLE VD ☐ Delete
NAME WILLIAMS, ROSA
STREET ADDRESS 1900 SE 4TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32641

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

TITLE D ☐ Delete
NAME JONES, TONY
STREET ADDRESS 1900 SE 4 STREET
CITY-ST-ZIP GAINESVILLE, FL 32641

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

TITLE D ☐ Delete
NAME GODLEY, KAREN
STREET ADDRESS 8608 SW 77 AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32608

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2008 352-324-4006
Date Daytime Phone # X-322