

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

DOCUMENT# 740123

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** GAINESVILLE, FLORIDA, HOUSING CORPORATION, INC.

**Current Principal Place of Business:**

1900 SE 4 STREET  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

1900 SE 4 STREET  
GAINESVILLE, FL 32641

**New Mailing Address:**

**FEI Number:** 59-3528149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAIER, FRANK P ATTY  
4041 NW 37 PLACE  
SUITE B  
GAINESVILLE, FL 32606 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: WILLIAMS, ROSA  
Address: 1900 SE 4TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

Title: VP  
Name: GODLEY, KAREN  
Address: 8608 SW 77 AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: JONES, TONY  
Address: 1900 SE 4 STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: ELLIS, LARRY  
Address: 1900 SE 4 STREET  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: LLOYD, DERRY  
Address: 1900 SE 4 STREET  
City-St-Zip: GAINESVILLE, FL 32641

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: FRANK P. SAIER

RA

03/16/2011

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

\_\_\_\_\_  
Date