

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90014 015 ****70.00

DOCUMENT # N00000007421

1. Entity Name

DOWNTOWN MINISTRIES OF GAINESVILLE, INC.



Principal Place of Business

**13106 NW 19TH PLACE
GAINESVILLE FL**

Mailing Address

**13106 NW 19TH PLACE
GAINESVILLE FL**

2. Principal Place of Business

**1704 N.W. 8th AVE,
Suite, Apt. #, etc.**

3. Mailing Address

**1704 N.W. 8th AVE,
Suite, Apt. #, etc.**



MOORE

CR2E037 (11/03)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3676628

Applied For

Not Applicable

Zip
32603

Country

Zip
32603

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANNAN, MARGI
13106 NW 19TH PLACE
GAINESVILLE FL**

7. Name and Address of New Registered Agent

Name **ANNE H. VOYLES**

Street Address (P.O. Box Number is Not Acceptable)
1704 N.W. 8th AVENUE

City **GAINESVILLE**

FL

Zip Code
32603

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 **Anne H. Voyles, Treas.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **DV** ☐ Delete
NAME **LIVERMAN, ARNOLD**
STREET ADDRESS **6705 NW 34TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **P** ☒ Delete
NAME **BAKOS, THOMAS**
STREET ADDRESS **409 NW 48TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **DR** ☐ Delete
NAME **BRANNAN, TERRENCE J**
STREET ADDRESS **13106 NW 19TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DT** ☒ Delete
NAME **BRANNAN, MARGI**
STREET ADDRESS **13106 NW 19TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DS** ☒ Delete
NAME **SION, LINDA**
STREET ADDRESS **1120 NW 45TH AVE #57**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **ARNOLD LIVERMAN**
STREET ADDRESS **4830 NW 43RD ST, R-296**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **ALLEN, JAMES C.** ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **1116 NW 32ND AVE., GAINESVILLE, FL**
CITY-ST-ZIP **32609**

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

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ANNE H. VOYLES**
STREET ADDRESS **1704 N.W. 8th AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32603**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **LINDA GARZARELLA**
STREET ADDRESS **5110 NW 24th TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **JACQUELINE BAKOS**
STREET ADDRESS **409 NW 48th BLVD.**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Anne H. Voyles, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-336-0839