


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N00000007421 1. Entity Name DOWNTOWN MINISTRIES OF GAINESVILLE, INC. |  |
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| Principal Place of Business 1704 N.W. 8TH AVE GAINESVILLE, FL 32603 | Mailing Address 1704 N.W. 8TH AVE GAINESVILLE, FL 32603 |
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02222005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3676628 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent VOYLES, ANNE H 1704 N.W. 8TH AVE GAINESVILLE, FL 32603 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V LIVERMAN, ARNOLD 4830 NW 43RD ST R-296 GAINESVILLE, FL 32653 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ALLEN, JAMES C 1116 NW 32ND AVE GAINESVILLE, FL 32609 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BAKOS, JACQUELINE 409 NW 48TH BLVD GAINESVILLE, FL 32607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VOYLES, ANNE H 1704 N.W. 8TH AVE GAINESVILLE, FL 32603 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GARZARELLA, LINDA 5110 NW 24TH TERRACE GAINESVILLE, FL 32605 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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03/04/05-80008-025 61.25

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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.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 3-1-05 <small>Date</small> | 352-336-0839 <small>Daytime Phone if</small> |
|--|--------------------------------------|--|