


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007421</b> 1. Entity Name <b>DOWNTOWN MINISTRIES OF GAINESVILLE, INC.</b>	
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Principal Place of Business <b>1704 N.W. 8TH AVE GAINESVILLE, FL 32603</b>	Mailing Address <b>1704 N.W. 8TH AVE GAINESVILLE, FL 32603</b>
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

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

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**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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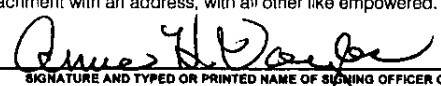
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LIVERMAN, ARNOLD 2001 NW 37TH BLVD GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SHOE, LINDA P.O. BOX 359 GAINESVILLE, FL 32602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LIVERMAN, MARILYN 2001 NW 37TH BLVD GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VOYLES, ANNE H 1704 N.W. 8TH AVE GAINESVILLE, FL 32603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000879931  
04/15/08-80040-020 70.00

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:**  **3/21/08 352-336-0839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #