2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N01000000106

Entity Name: GAINESVILLE P'NAI OR, INC.

Current Principal Place of Business:

706 NE 1ST ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 358721
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 30-0021180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOOS, RONALD D
706 NE 1ST ST
GAINESVILLE, FL 32601 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:	D	( ) Delete
Name:	BEATY, JO LEE R	
Address:	3212 NW 36TH ST	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	FRUSHTICK, JILL	
Address:	4012 NW 17TH TERR	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	DT	( ) Delete
Name:	JOOS, RONALD D	
Address:	706 NE 1ST ST	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	KLEIN, SALLY V	
Address:	4012 NW 36TH TERR	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	NEIMS, ALLEN DR.	
Address:	8519 NW 4TH PL	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	OBERLANDER, BARBARA	
Address:	2826 NW 12TH PL	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD D. JOOS D 04/27/2006

Electronic Signature of Signing Officer or Director — Date