

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000106

FILED
Jan 21, 2009
Secretary of State

Entity Name: GAINESVILLE P'NAI OR, INC.

Current Principal Place of Business:

8519 NW 4TH PLACE
GAINESVILLE, FL 32607

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 ()

Name and Address of Current Registered Agent:

NEIMS, ALLEN H
8519 NW 4TH PLACE
GAINESVILLE, FL 32607 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: HOFFINGER, RENEE
Address: 4336 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: FISCHER, ALAN
Address: 3525 NW 25TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: SASNAW, KAYLA
Address: 528 NW 28TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: EISENBERG, MARILYN
Address: 8620-261 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: NEIMS, ALLEN DR.
Address: 8519 NW 4TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SOSNOW, KAYLA
Address: 528 NW 28TH AVE
City-St-Zip: GAINESVILLE, FL 32609

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

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

Title: D () Change (X) Addition
Name: WILSON, JUDITH
Address: 937 NW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify 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: ALLEN H NEIMS

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date