

# 04 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **GAP COMMUNITY RESOURCES, INC.**  
# **103000006785**



FILED

04 FEB -2 AM 10:03

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900028059859

02/02/04--01095--011 \*\*70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**995 STATE RD 434 NORTH**

Suite, Apt. #, etc.

**306**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

3. Mailing Address

**995 STATE RD 434 NORTH**

Suite, Apt. #, etc.

**306**

City & State

**ALTAMONTE SPRINGS, FL**

Zip

**32714**

Country

4. FEI Number

**41-2104287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**DR. GUY WALDEN**

Street Address (R.F. Box Number is Not Acceptable)

**2541 DOVETAIL DRIVE**

City

**OCOE**

FL

Zip Code

**34701**

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

*Dr. Guy Walden, President*

*1/27/04*

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

FEE IS \$81.25

Initial or Amended UBR

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	<b>PRESIDENT</b>
NAME	<b>DR. GUY WALDEN</b>
STREET ADDRESS	<b>2541 DOVETAIL DRIVE</b>
CITY-ST-ZIP	<b>OCOE, FL. 34701-8648</b>
TITLE	<b>VIC PRESIDENT/ SECRETARY</b>
NAME	<b>JOSIE LIGHTFOOT</b>
STREET ADDRESS	<b>5055 PRESTON ROAD STE. 200</b>
CITY-ST-ZIP	<b>PASADENA, TEXAS 77505</b>
TITLE	<b>DIRECTOR</b>
NAME	<b>TERESA R. WALDEN</b>
STREET ADDRESS	<b>2541 DOVETAIL DRIVE</b>
CITY-ST-ZIP	<b>OCOE, FL. 34701</b>
TITLE	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dr. Guy Walden, President*

Date

Daytime Phone #

*1/27/04 407-682-4427*

CR2E037B (12/02)