

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 039 ****61.25

DOCUMENT # N04000003518

1. Entity Name

THE GESTALT CENTER OF GAINESVILLE, INC.



Principal Place of Business

1505 NW 16TH AVE.
GAINESVILLE FL 32605

Mailing Address

1505 NW 16TH AVE.
GAINESVILLE FL 32605

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORB, MARGARET P DR
1515 NW 29TH RD
#D1
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 DR ☐ Delete
NAME KORB, MARGARET P
STREET ADDRESS 1505 NW 16TH AVE.
CITY- ST- ZIP GAINESVILLE FL 32605

TITLE MSW ☐ Delete
NAME CORNWELL, BRUCE
STREET ADDRESS 444 SE 5TH AVE.
CITY- ST- ZIP MELROSE FL 32666

TITLE TD ☐ Delete
NAME MARTIN, ALICE
STREET ADDRESS 1705 NW 6TH ST.
CITY- ST- ZIP GAINESVILLE FL 32609

TITLE MS ☒ Delete
NAME PAIS, DEBBIE
STREET ADDRESS 3618 NW 22 TERR.
CITY- ST- ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME John P. Korb
STREET ADDRESS 1609 NE 18 PL
CITY- ST- ZIP Gainesville FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Margaret P Korb Ph.D.