

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011285

1. Entity Name
GAINESVILLE'S COMMUNITY CHARITY FOUNDATION
INC.



Principal Place of Business
P.O. BOX 140364
GAINESVILLE, FL 32614-0364

Mailing Address
P.O. BOX 140364
GAINESVILLE, FL 32614-0364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11292005 REIN-NP

CR2E099 (6/04)

4. FEI Number

06-1735502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRING, KENYA T.
1405 SW 10TH TERRACE, STE. 10
GAINESVILLE, FL 32601

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

Kenya Herring

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME HERRING, KENYA T.
STREET ADDRESS 1405 SW 10TH TERRACE, STE. 10
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D ☐ Delete
NAME HYACINTHE, JOSEPH
STREET ADDRESS 3800 SW 20TH AVE., STE. 506
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D ☐ Delete
NAME BOYKIN, LOUIS
STREET ADDRESS 205 75TH STREET, STE. 1P
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
700062292267
12/20/05--01039--002 **\$61.25

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

TITLE ☐ Change ☐ Addition
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenya Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 DEC 20 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

