

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007084

FILED
Sep 17, 2009
Secretary of State

Entity Name: MICHAEL GAINES FOUNDATION, INC.

Current Principal Place of Business:

14527 ST GEORGES HILL DR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

221 N HOGAN ST #343
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWJ FINANCIAL SERVICES INC
221 N HOGAN ST #343
JACKSONVILLE, FL 32202 US

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: DPS () Delete
Name: GAINES, MICHAEL
Address: 14527 ST GEORGES HILL DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: DANGELO, SHIKA
Address: 14527 ST GEORGES HILL DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BELL, JAMUL
Address: 14527 ST GEORGES HILL DR
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: JOHNSON, SANTANA
Address: 14527 ST GEORGES HILL DR
City-St-Zip: ORLANDO, FL 32828

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:

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: SANTANA JOHNSON

T

09/17/2009

Electronic Signature of Signing Officer or Director

Date