

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012218

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** GAINESVILLE FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

1505 FORT CLARKE BLVD #14103  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1505 FORT CLARKE BLVD #14103  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 24-0128432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, TODD  
1505 FORT CLARKE BLVD #14103  
GAINESVILLE, FL 32606 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: DP ( ) Delete  
Name: CRAWFORD, TODD  
Address: 733 TERESA DR.  
City-St-Zip: DESOTO, TX 75115

Title: DV ( ) Delete  
Name: CRAWFORD, BEVERLY  
Address: 733 TERESA DR.  
City-St-Zip: DESOTA, TX 75115

Title: ST ( ) Delete  
Name: BRYANT, ELIZABETH  
Address: 2110 NE 16TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: BENNETT, VALERIE  
Address: 104 MCCALL LANE  
City-St-Zip: E. PALATKA, FL 32131

Title: D ( ) Delete  
Name: ROBERTSON, WILLIAM  
Address: 3803 NW 23RD TERRACE, STE. 204  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CRAWFORD, TODD  
Address: 1505 FORT CLARKE BLVD # 14103  
City-St-Zip: GAINESVILLE, FL 32606

Title: DV (X) Change ( ) Addition  
Name: CRAWFORD, BEVERLY  
Address: 1505 FORTE CLARKE BLVD# 14103  
City-St-Zip: GAINESVILLE,, FL 32653

Title: ST (X) Change ( ) Addition  
Name: REDMOND, CLARA  
Address: 115 N.E 20TH ST.  
City-St-Zip: GAINESVILLE, FL 32641

Title: D (X) Change ( ) Addition  
Name: BAKER, AUDREA  
Address: 2418 N.E 12TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: D (X) Change ( ) Addition  
Name: CLIFFIN, ALICIA  
Address: 2506 N.W 57TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653

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: TODD CRAWFORD

PRES

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date