

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012218

FILED
May 01, 2008
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 ()**
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:

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: 1505 FORT CLARKE BLVD # 14103
City-St-Zip: GAINESVILLE, FL 32606

Title: DV () Delete
Name: CRAWFORD, BEVERLY
Address: 1505 FORT CLARKE BLVD# 14103
City-St-Zip: GAINESVILLE,, FL 32653

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change () Addition
Name: CLARK, BRENDA
Address: 10954 S.W 38TH AVE
City-St-Zip: OCALA, FL 34476

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

05/01/2008

Electronic Signature of Signing Officer or Director

Date