

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012218

FILED
Apr 29, 2010
Secretary of State

Entity Name: GAINESVILLE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1938 N.E WALDO RD
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1938 N.E WALDO RD
GAINESVILLE, FL 32609

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
3015 N.E 13 TH DR
GAINESVILLE, FL 32609 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
Name: CRAWFORD, TODD
Address: 3015 N.E 13TH DR
City-St-Zip: GAINESVILLE, FL 32609

Title: DV
Name: CRAWFORD, BEVERLY
Address: 3015 N.E 13TH DR
City-St-Zip: GAINESVILLE,, FL 32609

Title: TREA
Name: BENNETT, VALERIE
Address: 104 MCCALL LANE
City-St-Zip: EAST PALATKA, FL 32609

Title: O
Name: HARMON, WILLIAM
Address: 11623 S.W 8TH AVE.
City-St-Zip: GAINESVILLE, FL 32607

Title: O
Name: HARMON, CYNTHIA
Address: 11623 S.W 8TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: SEC
Name: CRAWFORD, LATRINA R
Address: 1300 N.E 39TH AVE APT 233
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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 all other like empowered.

SIGNATURE: TODD CRAWFORD

PRES

04/29/2010

Electronic Signature of Signing Officer or Director

Date