

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 024 \*\*\*\*61.25

**DOCUMENT # N06000007606**

1. Entity Name  
**GAINESVILLE BRIDGE CLUB, INC.**



Principal Place of Business  
**4225 NW 34TH ST  
GAINESVILLE, FL 32605**

Mailing Address  
**GAINESVILLE BRIDGE CLUB  
C/O CAROLYN SCHOENAU, 5278 SW 24 DR.  
GAINESVILLE, FL 32608 CHANGE**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**GAINESVILLE BRIDGE CLUB  
C/O MARCI BUCHANAN  
4229 NW 43 ST, C-17  
GAINESVILLE, FL  
32606**

04082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**57-2001618**

Applied For  
Not Applicable

Zip

Country

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAFT, BONNIE  
2620 NW 27TH TERRACE  
GAINESVILLE, FL 32605**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KRAFT, BONNIE**  
STREET ADDRESS **2620 NW 27TH TERRACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARY MEDLOCK**  
STREET ADDRESS **4431 NW 19TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Delete  
NAME **DOVELL, ADRIAN**  
STREET ADDRESS **2200 NW 20 TERR.**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES MAISSEN**  
STREET ADDRESS **1114 SW 7TH AVENUE, #9**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☒ Delete  
NAME **SCHONAU, CAROLYN**  
STREET ADDRESS **P O BOX 12981**  
CITY-ST-ZIP **GAINESVILLE, FL 32604**

TITLE **D** ☐ Change ☒ Addition  
NAME **MIKE BEAN**  
STREET ADDRESS **7624 SW 9TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☐ Delete  
NAME **WHITE, MARY**  
STREET ADDRESS **2036 NW 18TH LN**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☐ Change ☒ Addition  
NAME **MARCI BUCHANAN**  
STREET ADDRESS **4229 NW 43RD ST., C-17**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☒ Delete  
NAME **KAPEC, DAVID**  
STREET ADDRESS **8436 NW 6TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☐ Change ☒ Addition  
NAME **JANE WEATHERBY**  
STREET ADDRESS **7010 SW 29TH WAY**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete  
NAME **GREEN, MARJORIE**  
STREET ADDRESS **2250 NW 20 CT E**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

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 exemptions contained 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 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:** *Marci Buchanan* (MARCI BUCHANAN) 4-7-08 352-505-0181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #