## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000010754

1. Entity Name GAINESVILLE RESOURCE GROUP, INC



FILED
Jul 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

1221 NW 16TH AVE GAINESVILLE, FL 32601 Mailing Address

1221 NW 16TH AVE GAINESVILLE, FL 32601



## DO NOT WRITE IN THIS SPACE

06012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0183883 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUCKER, JANET 1038 NW 20TH PLACE GAINESVILLE, FL 32609

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent	purpose of changing its registered of	ffice or a	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered Age	ent argenature	e required when rematating)	DATE
Đ	Filing Fee is \$61.25 ue by September 14, 2007	Section Campaign Financing     Trust Fund Contribution.	, <sub>□</sub>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUCKER, JANET 1038 NW 20TH PLACE GAINESVILLE, FL 32609				U00000767151 07/06/07-80002-018 61.2
TITLE MAME STREET ADDRESS CITY-ST-ZIP	VP MCINTOSH, BRUCE J 1449 NE 165 ST CITRA, FL 32113				
TITLE NAME STREET ADDRESS CITY-ST-ZP	SEC WOOD, RUBY 200 FLORENCE AVE INTERLACHEN, FL 32148			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALAMI, ANNA M 4228 NW 20TH TERRACE GAINESVILLE, FL 32605		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZP	TRES GREEN, SONIA 4811 NW 16TH PLACE GAINESVILLE, FL 32605			,	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

INSTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

7/07 352-494-623

Sumitos Dryoz Sunita Dryer 6/7 Treasurer