

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-21-2008 90069 041 ****61.25

DOCUMENT # N07000004205 1. Entity Name GAINESVILLE HOUSING REDEVELOPMENT CORPORATION					
Principal Place of Business 1900 SE 4TH ST GAINESVILLE, FL 32641			Mailing Address 1900 SE 4TH ST GAINESVILLE, FL 32641		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0721327	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROEB, ROBERT KATTY 1900 SE 4TH ST GAINESVILLE, FL 32641				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and State if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, ANTHONY 6215 SW 81ST ST GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICKLE, ANDREW R 1835 SW 14TH AVE GAINESVILLE, FL 32641			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREMAINE, GORDON H 2310 NW 15TH PLACE GAINESVILLE, FL 32605			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, CHRISTINE 1132 NE 25TH ST GAINESVILLE, FL 32641			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	
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: <u>Andrew R. Mickle</u> Andrew R. Mickle 04/17/08 352-334-4000					

66013169



04102008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL Zip Code