

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004782

FILED
Apr 20, 2009
Secretary of State

Entity Name: GAINESVILLE OPPORTUNITY CENTER, INC.

Current Principal Place of Business:

7257 NW 4TH BLVD #318
GAINESVILLE, FL 32607

New Principal Place of Business:

1717 NE 9TH STREET
BLDG A, STE 140
GAINESVILLE, FL 32609

Current Mailing Address:

7257 NW 4TH BLVD #318
GAINESVILLE, FL 32607

New Mailing Address:

1717 NE 9TH STREET
BLDG A, STE 140
GAINESVILLE, FL 32609

FEI Number: 20-8823721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMERS, MICHAEL J
617 SW 83RD TER
GAINESVILLE, FL 32607 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: P () Delete
Name: STEVENS, BRUCE
Address: 6225 NW 54 WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: SPEILLER, JEFF
Address: 1049 NW 90TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: CALLAN, SANDY
Address: 619 SW 68TH TERRACE, APT. B
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: SOKOL, TRISH
Address: 4641 CLEAR LAKE DR.
City-St-Zip: GAINESVILLE, FL 32607

Title: M () Delete
Name: DEMETES, MICHAEL J
Address: 617 SW 83RD TERRRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: WAGNER, BARRY
Address: 125 SW 134 TERRACE
City-St-Zip: NEWBERRY, FL 32669

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

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

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

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: MICHAEL J. DEMERS

ED

04/20/2009

Electronic Signature of Signing Officer or Director

Date