

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Page 1082

DOCUMENT # N07000006353

1. Entity Name
GAINESVILLE CHRISTAN SEMINARY, INC.



FILED

08 NOV 19 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6711 S.W. 53RD LANE
GAINESVILLE, FL 32608

Mailing Address
6711 S.W. 53RD LANE
GAINESVILLE, FL 32608

2. Principal Place of Business - No P.O. Box #
6711 SW 63rd Lane
Suite, Apt. #, etc.

3. Mailing Address
6711 SW 63rd Lane
Suite, Apt. #, etc.



REINSTATEMENT 08

City & State
Gainesville, FL
Zip
32608
Country
USA

City & State
Gainesville, FL
Zip
32608
Country
USA

4. FEI Number
26-1239097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MITCHELL, BONNIE R PHD
6711 S.W. 63RD LANE
GAINESVILLE, FL 32608

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 Bonnie R. Mitchell Phd. 11/12/08
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, BONNIE R PHD	
STREET ADDRESS	6711 S.W. 63RD LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, LARRY D PHD	
STREET ADDRESS	6711 S.W. 63RD LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOYER, CHARLENE W PHD	
STREET ADDRESS	6711 S.W. 63RD LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11/19/08--01018--001 **61.25	
STREET ADDRESS	000138074580	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bonnie R. Mitchell Phd Bonnie R. Mitchell Phd 11/12/08 352-444-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #