

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000798

FILED
Apr 21, 2009
Secretary of State

Entity Name: GAINESVILLE H.I.P.P.Y., INC.

Current Principal Place of Business:

628 NW 7TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

603 NW 7TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

628 NW 7TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

P O BOX 5688
GAINESVILLE, FL 32627 US

FEI Number: 41-2266098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, DR. DETROIT R
7407 NW 21ST COURT
GAINESVILLE, FL 32653 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: PBCH () Delete
Name: WILLIAMS, DETROIT R DR.
Address: 7407 N W 21ST COURT
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: COLBERT, ALLEN
Address: 628 NW 7TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: LUDWIG, HARRIET
Address: 1810 NW 23RD BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: RAWLS, YVONNE C
Address: 5808 SW 49TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BANKS, LAKAY A
Address: 1335 SE 11TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: THORPE, KEVIN
Address: 5730 SW 81ST DR.
City-St-Zip: GAINESVILLE, FL 32608 US

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: YOLANDA HAGLEY

ED

04/21/2009

Electronic Signature of Signing Officer or Director

Date