

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** GAINESVILLE AREA INNOVATION NETWORK, INC.

**Current Principal Place of Business:**

12085 RESEARCH DRIVE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BOOKER SCHMIDT  
P O BOX 141556  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 59-2908217      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRASHEAR, BRUCE  
926 NW 13TH ST  
GAINESVILLE, FL 32601      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: TD      ( ) Delete  
Name: VILLEMAIRE, CAROL  
Address: 5931 NW 1ST PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: PD      ( ) Delete  
Name: SCHMIDT, G BOOKER  
Address: 2153 SE HAWTHORNE RD NO 1  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      ( ) Delete  
Name: BREEDLOVE, PATTI  
Address: 12085 RESEARCH DRIVE  
City-St-Zip: ALACHUA, FL 32615

Title: SD      ( ) Delete  
Name: JONES, DUG  
Address: WEST UNIVERSITY AVENUE  
City-St-Zip: GAINESVILLE, FL 32611

Title: D      ( ) Delete  
Name: PARKER, JAMES  
Address: 3107 SW WILLISTON ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD      ( ) Delete  
Name: JOHNSRUD, CRIS  
Address: NW 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: SCHMIDT, G BOOKER  
Address: 2153 SE HAWTHORNE RD NO 1  
City-St-Zip: GAINESVILLE, FL 32601

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

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

Title: VD      (X) Change ( ) Addition  
Name: RUA, DAN  
Address: 2153 SE HAWTHORNE RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD      (X) Change ( ) Addition  
Name: JOHNSRUD, CRIS  
Address: NW 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32655

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: G BOOKER SCHMIDT

D

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date