

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 037 ****61.25

DOCUMENT # N20796

1. Entity Name
G-I-M HOUSING, INC.



Principal Place of Business
7501 15TH STREET EAST
SARASOTA, FL 34243

Mailing Address
7501 15TH STREET EAST
SARASOTA, FL 34243

54015614



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-7161022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, DONALD L.
7501 15TH STREET EAST
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARANCE, GEORGE
STREET ADDRESS	918 82ND ST NW
CITY-ST-ZIP	BRADENTON, FL
TITLE	VD
NAME	ROBERTS, DONALD L.
STREET ADDRESS	7501 15TH STREET EAST
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	TD
NAME	BASSETT, DAVID
STREET ADDRESS	3924 RIVERVIEW BOULEVARD, WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	SD
NAME	WALKER, DANIEL
STREET ADDRESS	4050 MIDDLE AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	ROGG, JULIE BASEMAN, STEVE
STREET ADDRESS	2811 PALMA SOLA BLVD 866 HUDSON AVE.
CITY-ST-ZIP	BRADENTON, FL SARASOTA, FL 34246
TITLE	D
NAME	SKINNER, RAYMOND
STREET ADDRESS	5148 MENNO PLACE
CITY-ST-ZIP	SARASOTA, FL 34232

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-04