

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22413**

1. Entity Name  
**GAINESVILLE SPRING PILGRIMAGE, INC.**



Principal Place of Business  
3214 NW 110TH TERRACE  
GAINESVILLE, FL 32606

Mailing Address  
PO BOX 13192  
GAINESVILLE, FL 32604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6558645**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELL, SHARON**  
**3214 N.W. 110TH TERRACE**  
**GAINESVILLE, FL 32606**

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

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WISE, HARRIET  
STREET ADDRESS 2715 NW 22ND TERR.  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000147622  
CITY-ST-ZIP 05/03/04-80114-024 61.25

TITLE VD ☐ Delete  
NAME BIRKETT, GAIL  
STREET ADDRESS 3527 NW 38TH ST.  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CANTRELL, FRED JR.  
STREET ADDRESS P.O. BOX 14282  
CITY-ST-ZIP GAINESVILLE, FL 32604

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GREEN, MARY ANN  
STREET ADDRESS 1505 N.W. 51ST TERRACE  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CONNELL, SHARON  
STREET ADDRESS 4714 NW 30TH AVE  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GEORGE, LUCILLE  
STREET ADDRESS 619 NW 23RD STREET  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Sharon Connell* **SHARON Connell** 4/29/04 (352) 337-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #