

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 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**



02202006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI 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

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

**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 terminating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WISE, HARRIET
STREET ADDRESS	2715 NW 22ND TERR.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	BIRKETT, GAIL
STREET ADDRESS	3527 NW 38TH ST.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	T
NAME	CANTRELL, FRED JR.
STREET ADDRESS	P.O. BOX 14282
CITY-ST-ZIP	GAINESVILLE, FL 32604
TITLE	D
NAME	GREEN, MARY ANN
STREET ADDRESS	1505 N.W. 51ST TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	CONNELL, SHARON
STREET ADDRESS	3214 NW 110TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	GEORGE, LUCILLE
STREET ADDRESS	619 NW 23RD STREET
CITY-ST-ZIP	GAINESVILLE, FL

1100000444658  
03/07/06-80010-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sharon Connell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2.20.06*

Date

*352 373-357*

Daytime Phone (if)