

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90052 048 \*\*\*\*61.25

**DOCUMENT # N22413**

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



Principal Place of Business

**5400 NW 39TH AVE.  
APT B 261  
GAINESVILLE FL 32604**

Mailing Address

**PO BOX 13192  
GAINESVILLE FL 32604**

2. Principal Place of Business

**3214 NW 110th Terrace  
Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Gainesville, FL**

City & State

Zip

**32606**

Country

**Alachua**

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 3/10/03 352-3370022

CR2E037 (10/02)