

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40215

FILED  
Jan 12, 2006  
Secretary of State

**Entity Name:** GAINESVILLE CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

1433 NE 16 AVE  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

1504 N.E. 5TH PLACE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 65-0236852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAINEY, JESSE SR.  
1504 N.E. 5TH PLACE  
GAINESVILLE, FL 32641 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: DP ( ) Delete  
Name: GAINEY JESSE SR.,  
Address: 1504 N.E. 5TH PL  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: SMITH, KENNETH,  
Address: 1504 NE 5TH PL  
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete  
Name: GAINEY, JESSE  
Address: 1504 NE 5TH PL  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: GAINEY, ANTHONY  
Address: 1504 NE 5TH PL  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: LUNDY, DEBORAH  
Address: 4034 NW 20TH TERR  
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH LUNDY

DO

01/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date