2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N40215

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 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 D 04/20/2009

Electronic Signature of Signing Officer or Director — Date