

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 12, 2012  
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:**1433 N.E. 16TH AVE  
GAINESVILLE, FL 32641**New Mailing Address:**1433 NE 16 AVE  
GAINESVILLE, FL 32641**FEI Number:** 65-0236852**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GAINEY, FRANK  
697 SE 15TH DRIVE  
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  
Name: GAINEY FRANK  
Address: 697 SE 15TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D  
Name: PITTS, MARY E  
Address: 7306 BRIARLYN COURT  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: GAINEY, JESSE SR  
Address: 1504 NE 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32641

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

Title: D  
Name: GAINEY, LENARD  
Address: 701 SE 15TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32641

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY GAINEY

D

06/12/2012

Electronic Signature of Signing Officer or Director

Date