2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N51312

Entity Name: GAINESVILLE AREA CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

300 E. UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 1187
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3183023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTENSEN, BRENT J
300 E. UNIVERSITY AVE , STE 100
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: CHRISTENSEN, BRENT J
Address: 300 E. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: CD ( ) Delete
Name: THOMASS, KINNON
Address: 6195 MAIN ST.
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: GODET, ERIC
Address: 11621 RESEARCH CIRCLE
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change ( ) Addition
Name: CIRULLI, JOE
Address: 4820 W NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change ( ) Addition
Name: GODET, ERIC
Address: 11621 RESEARCH CIRCLE
City-St-Zip: ALACHUA, FL 32615

Title: TD ( ) Change (X) Addition
Name: MCINTOSH, THOMAS
Address: 4141 NW 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: J. BRENT CHRISTENSEN PD 02/16/2009

Electronic Signature of Signing Officer or Director — Date