

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000005854

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** EAST GAINESVILLE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

EAST GAINESVILLE DEV CORP  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1443  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

**FEI Number:** 59-3481458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

JONES, NONA C CHAIRMA  
8423 SW 10TH RD  
GAINESVILLE, FL 32607 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: NONA C JONES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete  
Name: JONES, NONA C CHAIR  
Address: PO BOX 1443  
City-St-Zip: GAINESVILLE, FL 32602

Title: T ( ) Delete  
Name: GORDON, ANTHONY  
Address: PO BOX 1443  
City-St-Zip: GAINESVILLE, FL 32602

Title: SEC ( ) Delete  
Name: DAVIS, CAIN  
Address: PO BOX 1443  
City-St-Zip: GAINESVILLE, FL 32607

**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:

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: NONA C JONES

CH

01/06/2009

Electronic Signature of Signing Officer or Director

Date