

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006694

FILED
Feb 10, 2008
Secretary of State

Entity Name: GAINESVILLE CHAPTER, AMERICAN GUILD OF ORGANISTS, INC.

Current Principal Place of Business:

6030 NW 24TH LN
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

6030 NW 24TH LN
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKINNEY, DAVID L DR
6030 NW 24TH LN
GAINESVILLE, FL 32606 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: DD () Delete
Name: HAYES CHRISTIANSEN, CAROL V
Address: 5200 S.W. 25TH BLVD #3205
City-St-Zip: GAINESVILLE, FL 32607

Title: SDD () Delete
Name: ELLIS, LAURA R DR
Address: 4609 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: AMICK, LORRAINE
Address: 417 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: TD () Delete
Name: MCKINNEY, DAVID L DR
Address: 116 N.W. 3RD STREET
City-St-Zip: GAINESVILLE, FL 326015264

Title: D () Delete
Name: COFFEY, MARK DR
Address: 1763 S.W. 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: GILDERSLEEVE, KARL R DR
Address: 4302 N.W. 33RD COURT
City-St-Zip: GAINESVILLE, FL 326065939

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDD (X) Change () Addition
Name: HAYES CHRISTIANSEN, CAROL V
Address: 5200 S.W. 25TH BLVD #3205
City-St-Zip: GAINESVILLE, FL 32607

Title: DD (X) Change () Addition
Name: ELLIS, LAURA R DR
Address: 4609 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

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: DAVID L. MCKINNEY, DMA

TD

02/10/2008

Electronic Signature of Signing Officer or Director

Date