2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005188

1. Entity Name
THE GAINESVILLE COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5346 S.W. 91ST. TERRACE GAINESVILLE, FL 32608	5346 S.W. 91ST. TERRACE GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3532330

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, MICHAEL
5346 S.W. 91ST. TERRACE
GAINESVILLE, FL 32608

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is ~~$61.25~~
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TILLMAN, MICHAEL
STREET ADDRESS	5346 SW 91ST TERR.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	PD
NAME	TUBB, MARILYN
STREET ADDRESS	PO BOX 100326
CITY-ST-ZIP	GAINESVILLE, FL 32610
TITLE	SD
NAME	KENDZIOR, TONY
STREET ADDRESS	7257 NW 4TH BLVD, PMB 144
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VD
NAME	HENDERSON, JAMES II
STREET ADDRESS	3611 SW 63RD LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-68001-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAKendzior R.A. KENDZIOR SEC'Y 352-335-9015 3/28/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #