


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90045 045 ****61.25

DOCUMENT # N98000005188 1. Entity Name THE GAINESVILLE COMMUNITY FOUNDATION, INC.					
Principal Place of Business 5346 S.W. 91ST. TERRACE GAINESVILLE, FL 32608			Mailing Address 5346 S.W. 91ST. TERRACE GAINESVILLE, FL 32608		
2. Principal Place of Business - No P.O. Box # 2622 NW 43 St.		3. Mailing Address 2622 NW 43 St.			
Suite, Apt. #, etc. Ste B3		Suite, Apt. #, etc. Ste. B3			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32606		Country		Zip 32606	
Country		Country			
4. FEI Number 59-3532330					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TILLMAN, MICHAEL 5346 S.W. 91ST. TERRACE GAINESVILLE, FL 32608					
7. Name and Address of New Registered Agent Name Papa, Barzella Street Address (P.O. Box Number is Not Acceptable) 2622 NW 43 Street, Ste B3 City Gainesville FL Zip Code 32606					
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 <u><i>Barzella Papa</i></u> - Barzella Papa 2-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, MICHAEL		NAME	Henderson, James II	
STREET ADDRESS	5346 SW 91ST TERR.		STREET ADDRESS	3611 SW 63 Lane	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBB, MARILYN		NAME	TUBB, Marilyn	
STREET ADDRESS	PO BOX 100326		STREET ADDRESS	P.O. Box 100326	
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP	Gainesville, FL 32610	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDZIOR, TONY		NAME		
STREET ADDRESS	7257 NW 4TH BLVD, PMB 144		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V.C/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JAMES II		NAME	Shore, Melanie	
STREET ADDRESS	3611 SW 63RD LANE		STREET ADDRESS	9252 SW 31 Place	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Papa, Barzella	
STREET ADDRESS			STREET ADDRESS	2622 NW 43 St., Ste B3	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Barzella Papa</i></u> - Barzella Papa 2-15-07 352-367-0060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					