## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005188

FILED Jan 14, 2008 Secretary of State

Entity Name: THE GAINESVILLE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
2622 NW 43 ST STE B3				5214 SW 91 DRIVE STE A				
GAINESVILLE, FL 32606				GAINESVILLE, FL 32608				
Current Mailing Address:				New Mailing Address:				
2622 NW 43 ST STE B3 GAINESVILLE, FL 32606				5214 SW 91 DRIVE STE A GAINESVILLE, FL 32608				
FEI Number: 59-3532330 FEI Number Applied For ( ) FEI Num				mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
PAPA, BARZELLA 2622 NW 43 STREET STE B3 GAINESVILLE, FL 32606 US				PAPA, BARZELLA 5214 SW 91 DRIVE A GAINESVILLE, FL 32608 US				
The above in the State		ubmits this statement for the ρι	ırpose o	f changing it	s registered o	office or registered	agent, or both,	
SIGNATURE:				01/14/2008				
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TD ()E HENDERSON, JA 3611 SW 63 LAN GAINESVILLE, F	IE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	CD () I TUBB, MARILYN PO BOX 100326 GAINESVILLE, F			Title: Name: Address: City-St-Zip:	CHAI (X SHORE, MELA 9252 SW 31 P GAINESVILLE,	LACE		
Title: Name: Address: City-St-Zip:	SD ()[ KENDZIOR, TON 7257 NW 4TH BL GAINESVILLE, F	.VD, PMB 144		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VD ()[ HENDERSON, JA 3611 SW 63RD I GAINESVILLE, F	_ANE		Title: Name: Address: City-St-Zip:	VC (X PATRICK, HOV 4010 NW 25 P GAINESVILLE,	LACE		
Title: Name: Address: City-St-Zip:	VPD (X) I SHORE, MELANI 9252 SW 31 PLA GAINESVILLE, F	ACE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	P ()[ PAPA, BARZELL 2622 NW 43 ST: GAINESVILLE, F	STE B3		Title: Name: Address: City-St-Zip:	PAPA, BARZEI	RIVE, SUITE A		

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: BARZELLA PAPA P 01/14/2008