2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N98000005188

Entity Name: THE GAINESVILLE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

5214 SW 91 DRIVE
STE A
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5214 SW 91 DRIVE
STE A
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3532330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPA, BARZELLA
5214 SW 91 DRIVE
A
GAINESVILLE, FL 32608 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:	TD	( ) Delete
Name:	HENDERSON, JAMES II	
Address:	3611 SW 63 LANE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	CHAI	( ) Delete
Name:	SHORE, MELANIE	
Address:	9252 SW 31 PLACE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	SD	( ) Delete
Name:	KENDZIOR, TONY	
Address:	7257 NW 4TH BLVD, PMB 144	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VC	( ) Delete
Name:	PATRICK, HOWARD	
Address:	4010 NW 25 PLACE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	P	( ) Delete
Name:	PAPA, BARZELLA	
Address:	5214 SW 91 DRIVE, SUITE A	
City-St-Zip:	GAINESVILLE, FL 32608	

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:	
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: BARZELLA PAPA P 04/29/2009

Electronic Signature of Signing Officer or Director — Date