

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90852 019 \*\*\*\*70.00

<b>DOCUMENT # N99000003896</b>					
<b>1. Entity Name</b> THE GAINESVILLE CHURCH, INC.					
<b>Principal Place of Business</b> 7813 SW 9 PLACE GAINESVILLE, FL 32607			<b>Mailing Address</b> 717 NW 29 PLACE GAINESVILLE, FL 32609 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3586792	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KENNEDY, PAMELA M 717 NW 29 PLACE GAINESVILLE, FL 32609			<b>7. Name and Address of New Registered Agent</b> Name <u>William A. Boyles</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 Gray Robinson</u> <u>301 E. Pine Street, Suite 1400</u> City <u>Orlando</u> State <u>FL</u> Zip Code <u>32802</u>		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>CRISS, TROY</b> 7813 SW 9 PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>SUMMERS, STEVEN R</b> 7813 SW 9 PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VSD</b> <b>SUN, JOHN</b> 7813 SW 9 PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>KENNEDY, PAMELA</b> 7813 SW 9 PLACE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SCOTT, RANDY</b> 7813 SW 9 PL GAINESVILLE, FL 32607	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>William A. Boyles</u>		4/23/07 407 244-5636			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			