Name CHAMBERS, ANASTASIA Name SCHMIDT, MARSHALL

Address	574 NW 50TH BLVD.	Address	507 NW 39TH ROAD, UNIT 236
City-State-Zip:	GAINESVILLE FL 32607	City-State-Zip:	GAINESVILLE FL 32607
Title	TREASURER	Title	SECRETARY
Name	ENGLISH, FRANK	Name	RUDIG, ANNE
Address	4400 NW 39TH AVENUE APT. 272	Address	439 SE 1ST STREET
		City-State-Zip:	MELROSE FL 32666
City-State-Zip:	GAINESVILLE FL 32606	Title	ASST. SECRETARY
Title	ASST. TREASURER		
Name	RENNEN, BLAKE		MILLER, RACHEL
Address	1720 SW 37TH STREET APT. 465A	Address	5129 NW 53 AVENUE
		City-State-Zip:	GAINESVILLE FL 32653
City-State-Zip:	GAINESVILLE FL 32607		

5129 NW 53 AVENUE

Current Principal Place of Business:

GAINESVILLE, FL 32653 US

FEI Number: 59-2455465

Current Mailing Address:

DOCUMENT# 769185

GAINESVILLE, INC.

5129 NW 53 AVENUE GAINESVILLE, FL 32653

Name and Address of Current Registered Agent:

MAYERNICK, FRANK P REV 5129 NW 53RD AVE GAINESVILLE, FL 32653 US

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:

Title

Electronic Signature of Registered Agent

Entity Name: ST. ELIZABETH GREEK ORTHODOX CHURCH OF

Officer/Director Detail :

VP

I hereby 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 all other like empowered.

SIGNATURE: SCHMIDT MARSHALL

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Title

PRESIDENT

PRESIDENT

Mar 08, 2024 Secretary of State 6034139768CC

FILED

03/08/2024 Date

Date