

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012218

Entity Name: GAINESVILLE FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1938 N.E WALDO RD
GAINESVILLE, FL 32609

Current Mailing Address:

1938 N.E WALDO RD
GAINESVILLE, FL 32609

FEI Number: 24-0128432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, TODD
3015 N.E 13 TH DR
GAINESVILLE, FL 32609 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name CRAWFORD, TODD
Address 3015 N.E 13TH DR
City-State-Zip: GAINESVILLE FL 32609

Title DV
Name CRAWFORD, BEVERLY
Address 3015 N.E 13TH DR
City-State-Zip: GAINESVILLE, FL 32609

Title TREA
Name BENNETT, VALERIE
Address 104 MCCALL LANE
City-State-Zip: EAST PALATKA FL 32609

Title O
Name HARMON, WILLIAM
Address 11623 S.W 8TH AVE.
City-State-Zip: GAINESVILLE FL 32607

Title O
Name HARMON, CYNTHIA
Address 11623 S.W 8TH AVE
City-State-Zip: GAINESVILLE FL 32607

Title SEC
Name CRAWFORD, LATRINA R
Address 3015 N.E 13TH DR
City-State-Zip: GAINESVILLE FL 32609

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: TODD CRAWFORD

PRESIDENT

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date