

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000089

Entity Name: GAINESVILLE HOUSING DEVELOPMENT AND MANAGEMENT CORPORATION**FILED**
Mar 23, 2021
Secretary of State
0121403552CC**Current Principal Place of Business:**1900 SE 4TH STREET
GAINESVILLE, FL 32641**Current Mailing Address:**1900 SE 4TH STREET
GAINESVILLE, FL 32641**FEI Number: 46-4552701****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DAVIS, PAMELA E
1900 SE 4TH STREET
GAINESVILLE, FL 32641 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: PAMELA E. DAVIS****03/23/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name STOCKWELL, ARTHUR
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641Title CHAIRMAN, DIRECTOR
Name THARPE, ANGELA
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641Title DIRECTOR
Name SMALL, MARIE
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641Title VC, DIRECTOR
Name CARTER, CRAIG
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641Title DIRECTOR
Name PORTER, LATONYA STAR
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641Title EXECUTIVE DIRECTOR-SECRETARY
Name DAVIS, PAMELA E.
Address 1900 SE 4TH STREET
City-State-Zip: GAINESVILLE FL 32641

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: PAMELA E DAVIS**AGENT****03/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date