

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 19, 2024**

**Secretary of State  
9236132982CC**

DOCUMENT# N14000007431

**Entity Name:** GAINES FAMILY REUNION, INC.

**Current Principal Place of Business:**

726 LENOXPLACE CIR  
RALEIGH, NC 27603

**Current Mailing Address:**

P.O. BOX 15752  
TALLAHASSEE, FL 32317 US

**FEI Number:** 47-2793731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GAINES FAMILY REUNION- TALLAHASSEE  
726 LENOXPLACE CIRCL  
RALEIGH, FL 27603 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:** EDWARD L. GAINES

03/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MOORE, KIMBERLY  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           VP  
Name           NEALY-GAINES, WILLIAM  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           PRESIDENT  
Name           GAINES, EDWARD L  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           FINANCIAL SECRETARY  
Name           GAINES, SYLVONDA  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           CHAPLAIN  
Name           GAINES, RAYMOND  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           BUSINESS MANAGER  
Name           POPE, TRENT  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           LOGISTICS COORDINATOR  
Name           GAINES, JEFFREY  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

Title           SECRETARY  
Name           MOSELEY, KIMBERLY  
Address        P.O. BOX 15752  
City-State-Zip: TALLAHASSEE FL 32317

*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:** EDWARD L GAINES

**PRESIDENT**

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date