

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007431

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC2054974042**

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

**Current Principal Place of Business:**

7895 RAEL COURT  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

7895 RAEL COURT  
TALLAHASSEE, FL 32312 US

**FEI Number:** 47-2793731

**Certificate of Status Desired:** No

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

GAINES FAMILY REUNION- TALLAHASSEE  
7895 RAEL COURT  
TALLAHASSEE, FL 32312 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

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            POPE, VIVIAN  
Address        7895 RAEL COURT  
City-State-Zip: TALLAHASSEE FL 32312

Title            TREASURER  
Name            HOLLOWAN, SABRINA  
Address        7895 RAEL COURT  
City-State-Zip: TALLAHASSEE FL 32312

Title            VP  
Name            MOORE, BERNELRIC  
Address        7093 ED WILSON LN  
City-State-Zip: TALLAHASSEE FL 32312

Title            LOGISTICS COORDINATOR  
Name            GAINES, EDWARD L  
Address        433 CROSSROADS BLVD  
City-State-Zip: BOSSIER CITY LA 71111

*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

**LOGISITICS  
COORDINATOR**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date