

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007431

Entity Name: GAINES FAMILY REUNION, INC.

Current Principal Place of Business:

7119 ED WILSON LANE
TALLAHASSEE, FL 32312

Current Mailing Address:

726 LENOXPLACE CIRCLE
RALEIGH, NC 27603 US

FEI Number: 47-2793731

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GAINES FAMILY REUNION- TALLAHASSEE
7119 ED WILSON LANE
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

02/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BARNES-MITCHELL, JEANETTE
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name NEALY-GAINES, WILLIAM
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT
Name GAINES, EDWARD L
Address 726 LENOXPLACE CIRCLE
City-State-Zip: RALEIGH NC 27603

Title FINANCIAL SECRETARY
Name GAINES, SYLVONDA
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

Title CHAPLAIN
Name GAINES, RAYMOND
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY
Name WILLIAMS, LEJEANI
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

Title BUSINESS MANAGER
Name POPE, TRENT
Address 7119 ED WILSON LANE
City-State-Zip: TALLAHASSEE FL 32312

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, MBA

PRESIDENT

02/08/2020

Electronic Signature of Signing Officer/Director Detail

Date