

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722468 1. Corporation Name Memorial Society of Alachua County, Inc.			
Principal Place of Business		Mailing Address 3426 SW 75th St Gainesville FL 32607	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7165333	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Armen C. TAJAN 3426 SW 75th St Gainesville FL 32607		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS	DELETED	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Cecil N. Smith	1.2 NAME	
	1633 NW 14th Av	1.3 STREET ADDRESS	
	Gainesville FL 32605	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	Vice President	2.2 NAME	
CITY-ST-ZIP	JULIE CARDELLHAG	2.3 STREET ADDRESS	
	3905 SW 3d Ave	2.4 CITY-ST-ZIP	
	Gainesville FL 32607	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	3.2 NAME	
STREET ADDRESS	Secretary	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jerry L. Bigham	3.4 CITY-ST-ZIP	
	P.O. BOX 18145	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Gainesville FL 32604	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	Treasurer	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	A. Charles TAJAN	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3426 SW 75th St	5.2 NAME	
	Gainesville FL 32607	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	Director	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Genevieve D. Rhines	6.2 NAME	
	324 NW 48th Blvd.	6.3 STREET ADDRESS	
	Gainesville, FL 32607	6.4 CITY-ST-ZIP	
TITLE	NAME		
STREET ADDRESS	Director		
CITY-ST-ZIP	LESTER McPeck		
	1318 NE 20th Pl		
	Gainesville FL 32609		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address			
SIGNATURE: A. Charles TAJAN		3/21/97	
A. Charles TAJAN		352-377-7403	

CR2E037 (9/96)