FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

722578

(2)

FILED Mar 18 1996 8:00 am Secretary of State



BIVEN'S NORTH, INC.		
Principal Place of Business	Mailing Address	
D.O. DOV 140 227	D.C. DOV 140.007	

	□ No
2a. Mailing Address 2b. Mailing Address 2c. Cuntry 2c. Mailing Address 2c. Cuntry 2c. Cuntry 2c. Cuntry 2c. Country 2c.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s. 199.032, No
Suite, Apt. #, etc. 22 City & State City & State 28 Country 29 Country 29 Country 29 Country 29 Country 29 Country 29 Country 30 Country 40	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s. 199.032, No
27 City & State City & State 28 Country Zip Country 25 29 30 Country Since Place Address of Current Registered Agent Country Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	\$5.00 May Be Added to Fees tax under s. 199.032,
28 Country Zip Country Sip Country B. Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Significant Fund Contribution Significant Significan	Added to Fees tax under s. 199.032, No
24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name JOAN E. EDGAR 2506 SW 9TH DR. 85. This corporation has liability for intangible te Florida Statutes Yes 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	□No
JOAN E. EDGAR 2506 SW 9TH DR. 81 Name Street Address (P.O. Box Number is Not Acceptable)	Agent
JOAN E. EDGAR 2506 SW 9TH DR. Street Address (P.O. Box Number is Not Acceptable)	
2506 SW 9TH DR.	
GAINESVILLE FL 32601 83	
84 City	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 cheor 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	nanging its registered office s registered agent. I am
SIGNATI IDE	
Signature, typed or printed neme of registered against and size if accordable INCTE: Rapistered Against signature required where renstring DATE. 12. OFFICERS AND DIRECTORS 13. AND TIGNS/CHANGES TO GET CLASS AND	
THE ADDITIONS OF A SECTION SEC	
NAME JOAN EDGAR 1.2 NAME	Change Addition
STREET ADDRESS 2506 SW 9TH DR. 1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 1.4 CITY-ST-ZIP	
	☐ Change ☐ Addition
NAME FELIX LEE 2.2 NAME	_ •
STREET ADDRESS 2520 SW 14TH DR. 23 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 2 4 CITY-ST-ZIP	
	Criange Addition
NAME JOSEPH H. FRAER 32 NAME	
STREET ADDRESS 1616 SW 14TH DR. 33 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 34.CITY-ST-ZIP	
■ • • • • • • • • • • • • • • • • • • •	Change Addition
DEVENET MODOINE	
2001 011 1411 DIV.	
	[] (han)
NAME JOHN O'BANNON 52 NAME Donald Jennings	Change Addition
STREET ADDRESS 2608 SW 14TH DR. 5.3 STREET ADDRESS 2518 SW 14th Drive	
CITY-SI-ZIP GAINESVILLE FL 5.4CTY-SI-ZIP Gaine3ville, F1 3260	18
Garnes Garnes VIII Garnes VIII J J J J J J J J J J J J J J J J J	Change Addition
NAME 6.2 NAME	- Francian
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIG

JOSEPH H. FRIGHTER

MPR 96 312 - 7.
Date Dayting Phone #