


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90005 044 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # 722578 1. Corporation Name BIVEN'S NORTH, INC. | | |
| Principal Place of Business P.O. BOX 140-327 GAINESVILLE FL 32614-0327 | Mailing Address P.O. BOX 140-327 GAINESVILLE FL 32614-0327 | |

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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 02/01/1972 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-1417657 |
| 22. City & State | 27. City & State | Applied For <input type="checkbox"/> Not Applicable |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| HEINS, MARY M 2540 SW 14TH DRIVE GAINESVILLE FL 32608 | 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: *Mary M Heins* (NO) E: Registered Agent signature required when reinstating DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | D TITLE Change <input type="checkbox"/> Addition |
| NAME | SWENSON, RICK | 1.2 NAME | Swenson, Rick |
| STREET ADDRESS | 2524 SW 14TH DR | 1.3 STREET ADDRESS | 2524 SW 14th DR. |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | 1.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 |
| TITLE | VP <i>Vice President</i> | 2.1 TITLE | PRESIDENT (D) TITLE Change <input type="checkbox"/> Addition |
| NAME | ELKIN, GAIL | 2.2 NAME | ELKIN, GAIL |
| STREET ADDRESS | 2622 SW 14TH DR | 2.3 STREET ADDRESS | 2622 SW 14th DR |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | 2.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 |
| TITLE | Treasurer (D) | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEINS, MARY | 3.2 NAME | HEINS, MARY |
| STREET ADDRESS | 2540 SW 14TH DR | 3.3 STREET ADDRESS | 2540 SW 14th DR |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | 3.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 |
| TITLE | Secretary (D) | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANCHESTER, MEGI | 4.2 NAME | MANCHESTER, MEGI |
| STREET ADDRESS | 2510 SW 14TH DR | 4.3 STREET ADDRESS | 2510 SW 14th DR |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | 4.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 |
| TITLE | D | 5.1 TITLE | VP <i>Vice President</i> TITLE Change <input type="checkbox"/> Addition |
| NAME | JENNINGS, JOHN (D) | 5.2 NAME | Jennings, John |
| STREET ADDRESS | 2606 SW 14TH DR | 5.3 STREET ADDRESS | 2606 SW 14th DR. |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | 5.4 CITY-ST-ZIP | GAINESVILLE, FL. 32608 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: *Mary M Heins* SIGNATURE OF TREASURER MARY HEINS 4/20/99 352-3950334 Date Daytime Phone #

ALL DIRECTORS REMAIN THE SAME AS LAST YEAR ONLY TITLE CHANGES FOR THREE - SORRY FOR CONFUSION

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