


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 026 ****61.25

DOCUMENT # 722578

1. Entity 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**

94054975



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-1417657

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS, JOHN
 2606 SW 14TH DRIVE
 GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name **John BROCHU**

Street Address (P.O. Box Number is Not Acceptable)
2506 SW 14th Dr.

City **Gainesville** FL Zip Code **32608**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Brochu* (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRAZIER, JOE 2616 SW 14TH DRIVE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete <i>Do Not Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYATT, ROBERT 2536 SW 14TH DRIVE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENNINGS, JOHN 2606 SW 14TH DR GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, BEVERLY 2504 SW 14TH DRIVE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, ELAINE 2610 SW 14TH DR GAINESVILLE, FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard Williams 2530 SW 14th Dr Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER John BROCHU 2506 SW 14th Dr. Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Jennings 2518 SW 14th Dr. Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes; I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Brochu* **John BROCHU Treasurer** 4/13/2004 352-376-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #