



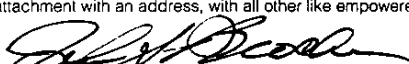
**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

07-11-2008 90015 024 \*\*\*\*61.25

**40110227**



<b>DOCUMENT # 722578</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1417657	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROCHU, JOHN 2506 SW 14TH DR. GAINESVILLE, FL 32608			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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:  <b>JOHN BROCHU</b> 7/8/2008					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZIER, JOE		NAME	<b>Rob Hyatt</b>	
STREET ADDRESS	2616 SW 14TH DRIVE		STREET ADDRESS	<b>2536 SW 14TH DR.</b>	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCHU, JOHN		NAME		
STREET ADDRESS	2506 SW 14TH DR.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANT, JAMES		NAME		
STREET ADDRESS	2502 SW 14TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, ELAINE		NAME		
STREET ADDRESS	2610 SW 14TH DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLETTIE, PAUL		NAME		
STREET ADDRESS	2552 S.W. 14TH DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>JOHN BROCHU</b> 7/8/2008 352-376-1811					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					