

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758605 (0)

1. Corporation Name
GAINESVILLE CRESCENT FOUNDATION, INC.



Principal Place of Business Mailing Address
BOX 821
GAINESVILLE FL 32602

3. Date Incorporated or Qualified 06/03/1981
3a. Date of Last Report 02/23/1996

2. Principal Place of Business
21 8100 S.W. Archer Road
22 Suite, Apt. #, etc.
23 Gainesville Florida
24 32608 25 USA
26
27
28
29
30

4. FEI Number 59-2123620
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HALLER, ART
711 NW 23RD AVENUE
SUITE 2
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent
81 Name C. Gary Moody
82 Street Address (P.O. Box Number is Not Acceptable) 500 E. University Avenue
83 Suite A
84 City Gainesville FL 85 Zip Code 32608

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: [Signature] DATE: 1/20/97

12. OFFICERS AND DIRECTORS
TITLE: DVP President, Director
NAME: SLAUGHTER, RICHARD
STREET ADDRESS: ROUTE 2 BOX 441E
CITY-ST-ZIP: ALACHUA FL 32615-9645
TITLE: PD
NAME: SMITH, HUGH M.
STREET ADDRESS: 833 NW 81ST TERR
CITY-ST-ZIP: GAINESVILLE FL
TITLE: DST
NAME: DIXON, MARTY
STREET ADDRESS: 5205 SW 77TH TERR
CITY-ST-ZIP: GAINESVILLE FL
TITLE: DVP
NAME: HAYMANS, HOYT
STREET ADDRESS: 1241 NW 35TH AVENUE
CITY-ST-ZIP: GAINESVILLE FL
TITLE: MORT WOLFSON
NAME: MORT WOLFSON
STREET ADDRESS: 3721 NW 16th PLACE
CITY-ST-ZIP: GAINESVILLE FL 32605
Director, vice president

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Director, President
1.2 NAME: [Blank]
1.3 STREET ADDRESS: 12622 NW, 24TH TERR
1.4 CITY-ST-ZIP: [Blank]
2.1 TITLE: [Blank]
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3.1 TITLE: [Blank]
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4.1 TITLE: [Blank]
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [Blank]
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank]
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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: [Signature] DATE: 1-20-97 DAYTIME PHONE: 352-372-3665

CP2E037 (9/96)