

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


5

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90274 024 \*\*\*\*61.25

**DOCUMENT # N05000004667**

1. Entity Name  
**FORT CLARKE OFFICE/WAREHOUSE ASSOCIATION, INC.**



Principal Place of Business  
**4031 NW 97TH BLVD.  
 GAINESVILLE, FL 32606**

Mailing Address  
**4031 NW 97TH BLVD.  
 GAINESVILLE, FL 32606**

66021438



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent  
**SALTER, JAMES D.  
 3940 NW 16TH BLVD., BUILDING B  
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent  
 Name **Pat Trippe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4400 nw 36th Ave**  
 City **Gainesville** FL Zip Code **32606**

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 *Pat Trippe* DATE **4-28-06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	DP JOYNER, MILLARD K. 4031 NW 97TH BLVD. GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST WAGNER, RICHARD 4031 NW 97TH BLVD. GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SALTER, JAMES D. 3940 NW 16TH BLVD., BUILDING B GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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	P Olinger, Sandra 4914 SW 95 Terr Gainesville FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Ferrell, John 4224 nw 76 Terr Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B Diuguid, Brad 1722 nw 80 Blvd #40 Gainesville FL 32606	<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 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: *Pat Trippe* DATE **4-28-06** DAYTIME PHONE # **352-373-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT



July 6, 2006

Division of Corporations  
PO Box 1500  
Tallahassee, FL. 32302-1500

RE: N05000004667

To Whom It May Concern:

Please find enclosed our annual report. It was returned to our office for incomplete information. I have completed the EIN number information on the form.

If you have any questions please contact our office.

Thank you,

*Heather Tuebner*  
Heather Tuebner  
Bookkeeper