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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25916**

1. Corporation Name
THE PHILIP NERI CENTER, INC.

116070 · 90015 · 3

Principal Place of Business	Mailing Address
16612 NW 46TH AVE ~~NEWBERRY FL 32669~~	16612 NW 46TH AVE ~~NEWBERRY FL 32669~~

2. Principal Place of Business 21 16612 NW 46th AVE Suite, Apt. #, etc. 22 ALACHUA FL City & State 23 32615 USA Zip 24 Country 25	2a. Mailing Address 26 16612 NW 46thAVE Suite, Apt. #, etc. 27 ALACHUA, FA City & State 28 32615 USA Zip 29 Country 30	3. Date Incorporated or Qualifed 04/11/1988 4. FEI Number 59-2888276 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELCH, JAMES J. 16612 NW 46TH AVE. ~~NEWBERRY FL 32669~~	81 Name WELCH, JAMES J 82 Street Address (P.O. Box Number is Not Acceptable) 16612 NW 46th AVE 83 ALACHUA FL 84 City FL 85 Zip Code 32615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GLUMAC, JANET M.	1.2 NAME	
STREET ADDRESS	16612 NW 46 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	1.4 CITY-ST-ZIP	
TITLE	VD ☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BURNS, DAVID A~~	2.2 NAME	
STREET ADDRESS	~~P O BOX 429 N/A~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE CITY FL 32056~~	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, JAMES J.	3.2 NAME	
STREET ADDRESS	5142 SW 92ND COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KING, LIBBY	4. 2 NAME	
STREET ADDRESS	6707 NW 32 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, DAVID A	5.2 NAME	
STREET ADDRESS	16702 NW 171 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: Janet M Glumac Pres PNC 1-20-99 352-472-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)