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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45620 (4)

1. Corporation Name
PORTER'S OAKS COMMUNITY CENTER, INC.



Principal Place of Business 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602 US	Mailing Address 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602-2518 US
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3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 59-3105049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, ROSA B.
423 N.W. 6TH PLACE
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, ALBERT E 300 E UNIVERSITY AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FLAMAND, G. RICHARD JR 4618 NW 41ST PLACE GAINESVILLE FL 32608 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, IDELLA 619 SW 3RD STREET GAINESVILLE FL 32601 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICARDO, GEORGE 1601 SW ARCHER ROAD GAINESVILLE FL 32608-1197 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, RUBY 237 SW 6TH AVENUE GAINESVILLE FL 32601 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, JANIE 9205 NW 23RD STREET GAINESVILLE FL 32602 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Rosa B. Williams SIGNATURE REQUIRED 4/30/97 (352) 376-8891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010712

CR2E037 (9/96)

**PORTERS COMMUNITY CENTER BOARD OF DIRECTORS
1996-1997**

PD

Mr. Albert White
6423 NW 42nd Lane
Gainesville, FL 32606

VD

Mr. G. Richard Flamand, Jr.
4618 NW 41st Place
Gainesville, FL 32606

SD

Ms Ann Washington
620 SW 5th Terrace
Gainesville, FL 32601

D

Ms. Idella Anderson
619 SW 3rd Street
Gainesville, FL 32601

D

Mr. John Cherry
P.O. Box 1468
Gainesville, FL 32602

D

Ms. Ella Cutter
826 SW 2nd Terr.
Gainesville, FL 32601

D

Mr. Larry T. Ellis
4411 NW 43rd Place
Gainesville, FL 32606

D

Mr. Ricardo George
1601 SW Archer Road
136C
Gainesville, FL 32608-1197

D

Ms. Mary Guzman
602 SW 2nd Terr
Gainesville, FL 32601

D

Dr. Ralph Swain
1600 SW Archer Road
P.O. Box 100327
Gainesville, FL 32610

D

Mr. Carl Smart
7722 SW 24th Avenue
Gainesville, FL 32608

D

Ms. Janie Williams
811 SW 5th Street
Gainesville, FL 32601

D

Ms. Rosa B. Williams
423 NW 6th Place
Gainesville, FL 32601

D

Ms. Ruby Williams
237 SW 6th Avenue
Gainesville, FL 32601