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Jun 09 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 # N96000001362 (0)

1. Corporation Name

NORTH CENTRAL FLORIDA ASSOCIATION FOR THE GIFTED  
, INC.

Principal Place of Business

Mailing Address

~~5803 NW 67TH COURT~~ 2630 NW 41 ST  
GAINESVILLE FL 32603  
32606 C-1

~~5803 NW 67TH COURT~~ 2630 N.W.  
GAINESVILLE FL 32653-3208  
41 ST.  
C-1  
Gainesville, FL 32606

2. Principal Place of Business

21 2630 NW 41 Street

Suite, Apt. #, etc.

22 C-1

City & State

23 Gainesville FL

Zip

24 32606

Country

25 USA

2a. Mailing Address

26 2630 NW 41 Street

Suite, Apt. #, etc.

27 C-1

City & State

28 Gainesville FL

Zip

29 32606

Country

30 USA

3. Date Incorporated or Qualified  
03/07/1996

3a. Date of Last Report

4. FEI Number

59-3307232

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

MURPHY, MELISSA J  
703 N.E. 1ST STREET  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HARRIS, DEBORAH  
STREET ADDRESS 5803 NW 67TH COURT 2630 NW 41 Street  
CITY-ST-ZIP GAINESVILLE FL 32603 32606 C-1

TITLE STD  
NAME SMITH, ROSE  
STREET ADDRESS 0501 NW 110TH TERRACE 13101 NW 19 PL  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D  
NAME MURPHY, MELISSA J  
STREET ADDRESS P.O. DRAWER 1589  
CITY-ST-ZIP GAINESVILLE FL 32602 NA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2630 NW 41 St. C-1  
1.4 CITY-ST-ZIP 32606

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 13101 NW 19 PLACE  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP NA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (9/96)