

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000001687

1. Corporation Name

GOOSE POND AG, INC.

99 APR -9 PM 2:32

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308

Mailing Address
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	03/25/1996
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-3414409
24. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

TODD, DAVID E.
1801 HERMITAGE BLVD. STE 100
TALLAHASSEE FL 32308

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, JAMES W	12 NAME	Douglas W. Bennett
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORTON, JAMES W	22 NAME	Julie A. Koeninger
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	23 STREET ADDRESS	99 High Street, 26th Floor
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	Boston, MA 02110
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	VAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JEFFREY L	32 NAME	Luanne K. Good
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	33 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	
NAME	CONRAD, JEFFREY A.	42 NAME	
STREET ADDRESS	99 HIGH ST, 26 FLR	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	
NAME	MCBRIDE, JAMES W.	52 NAME	
STREET ADDRESS	99 HIGH ST, 26 FLR	53 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	54 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	61 TITLE	
NAME	HORGAN, FREDERICK B.	62 NAME	
STREET ADDRESS	99 HIGH ST, 26 FLR	63 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	64 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: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 850-488-4406

Date

Daytime Phone

0000260

CR2E037 (11/98)