## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

700860

(0)

300 CLU	JB ING.			
Principal Place	e of Business	Mailing Address		
3715 N.W. 12TH AVE GAINESVILLE FL 32805		3715 N.W. 12TH AVE GAINESVILLE FL 328054	1616	
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996
21	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	28     Z <sub>ID</sub>	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Currer			10. Name and Address of New Registered Agent
			81 Name	
MAYER, MARION S.			82 Street	ANA SATZ Address (P.O. Box Number is Not Acceptable)
	26TH WAY			4007 N. W. 13th Place
GAINESV	ILLE FL 32605		83	
			84 City	Gainesville, Florida 32605 FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	)2 and 617.1508, Florida Sta	atutes, the above-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of Section 617.0503 testions of Section 617.0503.	as authorized by the col , Florida Statutes	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	·		1/20/97
	Signature typed or printed named of registered ag-		NOTE: Registered Agent signatur	
12.		ID DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD AND	☐ DELETE	1.1 TITLE	Change Addition
NAME	THEBAUT, ANN		1.2 NAME	
STREET ADDRESS	4250 NW 77TH TERR		1.3 STREET ADDRESS	<u> </u>
CITY-ST-ZIP	GAINEVILLE FL TD	DELETE	1.4 CiTY+ST-ZiP 2.1 YITLE	TD Change Addition
NAME	MAYER, MARION SIDNEY	<b>K</b> i precir	2.2 NAME	
STREET ADDRESS	1618 NW 26TH WAY		2.3 STREET ADDRESS	ANA SATZ
- "	GAINESVILLE FL		2.4 CITY-ST-ZIP	4007 N. W. 13th P1.
CITY+ST-ZIP TITLE	PD	☐ DELETE	3.1 TITLE	Gainesville, Fl. 32605
NAME	ROBELL, SUSAN	•	3.2 NAME	ROBELL, SUSAN
STREET ADDRESS	1511 NW 48TH TERR		3.3 STREET ADDRESS	, · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-2IP	Gainesville, Fl. 32606
TITLE	VD	☐ DELETE	4.1 TITLE	PD Change Addition
NAME	GERBER, JOHN		4.2 NAME	GERBER, JOHN
STREET ADDRESS	1126 NW 57TH ST		4.3 STREET ADDRESS	1126 N. W. 57th St.
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, Fl.
TITLE	D	X DELETE	5.1 TITLE	D Change X Addition
NAME	DENSLOW, DAVID		5.2 NAME	BLACK, DAVID
STREET ADDRESS	3515 NW 7TH PL		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32605
TITLE	D	☐ DELETE	6.1 TITLE	Change Addition
NAME	KELLY, BERGOLL		6.2 NAME	
STREET ADDRESS	502 N.W. 145TH TERR.		6.3 STREET ADDRESS	
DOW DT 710	NEWREDRY FI		CACITY OT 7ID	

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 argual 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 chapter, or on an arachment with an address.

SIGNATURE: A SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 03 1997 8:00am

Secretary of State