


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 703137 (0) | | | | | |
| 1. Corporation Name FRATERNITY PURCHASING ASSOCIATION OF GAINESVILLE, INC. | | | | | |
| Principal Place of Business 2830 N.W. 41ST STREET SUITE G-2 GAINESVILLE FL 32606 | | | Mailing Address 2830 N.W. 41ST STREET SUITE G-2 GAINESVILLE FL 32606-6667 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/31/1961 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 3a. Date of Last Report 02/20/1996 | |
| 22. City & State | | 27. City & State | | 4. FEI Number 59-0942755 | |
| 23. Zip | | 28. Zip | | Applied For <input type="checkbox"/> Not Applicable | |
| 24. Country | | 29. Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent NIEMANN, CYNTHIA 2830 N.W. 41ST STREET SUITE G-2 GAINESVILLE FL 32606 | | | 10. Name and Address of New Registered Agent | | |
| 81. Name | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | |
| 83. City | | | 84. Zip Code | | |
| 85. State | | | 86. City | | |
| 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 | | |
| 1.1 TITLE CBOD | | | 1.1 TITLE Chairman of the Board | | |
| 1.2 NAME RANDALL, HELEN | | | 1.2 NAME Tiffany Hatchett | | |
| 1.3 STREET ADDRESS C/O 2830 NW 41 STREET SUITE G-2 | | | 1.3 STREET ADDRESS 37 W. Fraternity Drive | | |
| 1.4 CITY-ST-ZIP GAINESVILLE FL | | | 1.4 CITY-ST-ZIP Gainesville FL 32603 | | |
| 2.1 TITLE DT | | | 2.1 TITLE Change | | |
| 2.2 NAME TRIPLETT, THOMAS | | | 2.2 NAME Addition | | |
| 2.3 STREET ADDRESS 2630-B NW 41ST ST | | | 2.3 STREET ADDRESS Change | | |
| 2.4 CITY-ST-ZIP GAINESVILLE, FL 00000 | | | 2.4 CITY-ST-ZIP Addition | | |
| 3.1 TITLE SD | | | 3.1 TITLE Change | | |
| 3.2 NAME NIEMANN, CYNTHIA | | | 3.2 NAME Addition | | |
| 3.3 STREET ADDRESS 2830 N.W. 41ST STREET G2 | | | 3.3 STREET ADDRESS Change | | |
| 3.4 CITY-ST-ZIP GAINESVILLE, FL 00000 | | | 3.4 CITY-ST-ZIP Addition | | |
| 4.1 TITLE DELETE | | | 4.1 TITLE Change | | |
| 4.2 NAME DELETE | | | 4.2 NAME Addition | | |
| 4.3 STREET ADDRESS DELETE | | | 4.3 STREET ADDRESS Change | | |
| 4.4 CITY-ST-ZIP DELETE | | | 4.4 CITY-ST-ZIP Addition | | |
| 5.1 TITLE DELETE | | | 5.1 TITLE Change | | |
| 5.2 NAME DELETE | | | 5.2 NAME Addition | | |
| 5.3 STREET ADDRESS DELETE | | | 5.3 STREET ADDRESS Change | | |
| 5.4 CITY-ST-ZIP DELETE | | | 5.4 CITY-ST-ZIP Addition | | |
| 6.1 TITLE DELETE | | | 6.1 TITLE Change | | |
| 6.2 NAME DELETE | | | 6.2 NAME Addition | | |
| 6.3 STREET ADDRESS DELETE | | | 6.3 STREET ADDRESS Change | | |
| 6.4 CITY-ST-ZIP DELETE | | | 6.4 CITY-ST-ZIP Addition | | |
| 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: Cynthia Niemann Executive Vice President 3-28-97 352-372-3550 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



CR2E037 (9/96)