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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 Country	
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 SHARON L. SPIES 82 Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41st STREET 83 SUITE G-2 84 City GAINESVILLE FL 85 Zip Code 32606			
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 <i>Sharon L. Spies</i> SHARON L. SPIES, EXEC. DIR. 4/1/98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CBOD <input checked="" type="checkbox"/> DELETE NAME HATCHETT, TIFFANY STREET ADDRESS 37 W FRATERNITY DR CITY-ST-ZIP GAINESVILLE FL		1.1 TITLE CBOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CHARLIE STERNBERG 1.3 STREET ADDRESS 5 FRATERNITY ROW 1.4 CITY-ST-ZIP GAINESVILLE, FL 32603	
TITLE DT <input type="checkbox"/> DELETE NAME TRIPLETT, THOMAS STREET ADDRESS 2830-B NW 41ST ST CITY-ST-ZIP GAINESVILLE, FL 00000		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME NIEMANN, CYNTHIA STREET ADDRESS 2830 N.W. 41ST STREET G2 CITY-ST-ZIP GAINESVILLE, FL 00000		3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME KELLY O'NEIL 3.3 STREET ADDRESS 1108 E PANHELLENIC DRIVE 3.4 CITY-ST-ZIP GAINESVILLE, FL 32601	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE VCBOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME SCOTT COLLINS 4.3 STREET ADDRESS 1926 W UNIVERSITY AVENUE 4.4 CITY-ST-ZIP GAINESVILLE, FL 32603	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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 or changed, or on an attachment with an address. SIGNATURE: <i>Sharon L. Spies</i> SHARON L. SPIES, EXEC. DIR. 4/1/98 (353)372-3550			



CR2E037 (10/97)