

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90194 031 \*\*\*\*61.25

0011304

**DOCUMENT # 703137**

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

463068 - 90194 - 31



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0942755	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

**SPIES, SHARON L**  
2830 NW 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	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBOD	1.1 TITLE	CBOD
NAME	STERNBERG, CHARLIE	1.2 NAME	COLLINS, SCOTT
STREET ADDRESS	5 FRATERNITY ROW	1.3 STREET ADDRESS	1926 W UNIVERSITY AVE.
CITY-ST-ZIP	GAINESVILLE FL 32603	1.4 CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE	DT	2.1 TITLE	
NAME	TRIPLETT, THOMAS	2.2 NAME	
STREET ADDRESS	2630-B NW 41ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	ZIPCODE 32606
TITLE	SD	3.1 TITLE	SD
NAME	O'NEIL, KELLY	3.2 NAME	JAMIE McATEE
STREET ADDRESS	1108 E PANELLENIC DRIVE	3.3 STREET ADDRESS	37 W FRATERNITY DR
CITY-ST-ZIP	GAINESVILLE, FL 00000 32601	3.4 CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE	VCBO	4.1 TITLE	VCBO
NAME	COLLINS, SCOTT	4.2 NAME	CHRIS HENNIGAN
STREET ADDRESS	1926 W UNIVERSITY AVENUE	4.3 STREET ADDRESS	1926 W UNIVERSITY AVE.
CITY-ST-ZIP	GAINESVILLE FL 32603	4.4 CITY-ST-ZIP	GAINESVILLE FL 32603
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L Spies*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (852) 372-3550

Date

Daytime Phone #

CR2E037 (11/98)