2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 17, 2006 8:00 am Secretary of State **DOCUMENT #722578** 07-17-2006 90140 049 ****61.25 1. Entity Name BIVEN'S NORTH, INC. 41111111 Principal Place of Business Mailing Address P.O. BOX 140-327 P.O. BOX 140-327 GAINESVILLE, FL 32614-0327 **GAINESVILLE, FL 32614-0327** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07122006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-1417657 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROCHU, JOHN Street Address (P.O. Box Number is Not Acceptable) 2506 SW 14TH DR. GAINESVILLE, FL 32608 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change FRAZIER, JOE NAME NAME STREET ADDRESS **2616 SW 14TH DRIVE** STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-7IP TITLE ☐ Addition Delete TITLE WHEAT, PENNY NAME STREET ADDRESS STREET ADDRESS 2530 SW 14TH DR. GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-ST-7/P TITLE Change ☐ Addition □ Delete TITLE BROCHU, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2506 SW 14TH DR. CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE JENNINGS, DONALD NAME STREET ADDRESS 2518 SW 14TH DR. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE LYONS, ELAINE NAME STREET ADDRESS 2610 SW 14TH DR STREET ADDRESS GAINESVILLE, FL 32608 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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