

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90138 031 \*\*\*\*61.25

DOCUMENT # 733268

1. Corporation Name

LIFEACTION ADVOCATES, INC.

Principal Place of Business  
8129 SW 57TH PLACE  
GAINESVILLE FL 32608

Mailing Address  
8129 SW 57TH PLACE  
GAINESVILLE FL 32608



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

07/10/1975

4. FEI Number

59-2144783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BOB WICKHAM~~  
~~6715 NW 63RD AVE.~~  
~~GAINESVILLE FL 32653~~

81 Name  
GORDON L. GIBBY

82 Street Address (P.O. Box Number is Not Acceptable)  
8129 SW 57 PL

83 GAINESVILLE

84 City  
GAINESVILLE

FL 85 Zip Code  
32607

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

*Gordon L. Gibby* GORDON L. GIBBY MD

4/29/99

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 ☐ DELETE

NAME BOB WICKHAM  
STREET ADDRESS 6715 N.W. 63RD AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☐ DELETE

NAME NELSON, JOHN  
STREET ADDRESS 2210 N.W. 58TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME GORDON, GIBBY  
STREET ADDRESS 8129 SW 57TH PLACE  
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☒ DELETE

NAME LLOYD, LEE  
STREET ADDRESS RT 2 BOX 121 NA  
CITY-ST-ZIP MICANOPY FL

TITLE ☒ DELETE

NAME WHITE, GEORGE  
STREET ADDRESS 2650 B SW 38 PL  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Gordon L. Gibby* GORDON L. GIBBY MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

352 373 4168

Daytime Phone #

CR2E037 (11/98)

0011536