FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745607** **(2)**

1. Corporation Name

THOMAS CENTER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
302 NE 6TH AVE GAINESVILLE FL 32604-9752 US	P.O. BOX 12752 GAINESVILLE FL 32604-9752 US

3. Date Incorporated or Qualified: 01/17/1979
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1874171 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CONNELL, SHARON
4714 NW 30TH AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4122 NW 68th Drive

83

84 City: Gainesville FL 85 Zip Code: 32606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	BELL, GARRETT S		1.2 NAME		
STREET ADDRESS	2065 NW 20 LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	Secretary Director	☐ Change ☒ Addition
NAME	ANDERSON, KAREN G		2.2 NAME	Sydney L. Heflin	
STREET ADDRESS	1920 SW 8TH DR		2.3 STREET ADDRESS	4411 NW 12th PL	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	ST	☒ DELETE	3.1 TITLE	Treasurer, Director	☐ Change ☒ Addition
NAME	GRAVES, KATY		3.2 NAME	Caroline P. Normann	
STREET ADDRESS	5416 SW 97 TERR		3.3 STREET ADDRESS	1824 NW 11 Rd	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	☐ DELETE	4.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	KIMBALL, MIRIAM		4.2 NAME		
STREET ADDRESS	RT 1 BOX 460, N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, SARAH		5.2 NAME		
STREET ADDRESS	7915 SW 42 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	CONNELL, SHARON		6.2 NAME		
STREET ADDRESS	4714 NW 30TH AVE		6.3 STREET ADDRESS	4122 NW 68th Drive	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	Gainesville, FL 32606	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sharon Connell 3/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #