


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90096 016 ****61.25

DOCUMENT # 745607 1. Entity Name THOMAS CENTER ASSOCIATES, INC.	
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Principal Place of Business 302 NE 6TH AVE GAINESVILLE, FL 32604-9752 US	Mailing Address P.O. BOX 12752 GAINESVILLE, FL 32604-9752 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1874171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CONNELL, SHARON 4122 NW 68TH DR GAINESVILLE, FL 32606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SINGER, BEVERLY
STREET ADDRESS	6305 NW 56 LANE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PD <input type="checkbox"/> Delete
NAME	ROBERTS, CAROLYN
STREET ADDRESS	207 NE 9TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	PD <input type="checkbox"/> Delete
NAME	SCOTT, JANIS F
STREET ADDRESS	306 NE 5TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D <input type="checkbox"/> Delete
NAME	CONNELL, SHARON
STREET ADDRESS	4122 NW 68TH DR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	SD <input type="checkbox"/> Delete
NAME	HARDEE, MARYNELLE
STREET ADDRESS	424 NE 4TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	DT <input type="checkbox"/> Delete
NAME	CAROLINE, NORMANN P
STREET ADDRESS	1824 NW 11 ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gale Ford
STREET ADDRESS	715 NW 23rd Street
CITY-ST-ZIP	Gainesville, FL 32607
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2132 Beta Court
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: Caroline P. Normann, Treasurer 3/3/05 352 375-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CAROLINE P. NORMANN