

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

07-16-2008 90010 011 ****61.25

DOCUMENT # 745607

1. Entity Name
THOMAS CENTER ASSOCIATES, INC.



Principal Place of Business
**302 NE 6TH AVE
GAINESVILLE, FL 32604-9752 US**

Mailing Address
**P.O. BOX 12752
GAINESVILLE, FL 32604-9752 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1874171

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELL, SHARON
4122 NW 68TH DR
GAINESVILLE, FL 32606**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FORD, GALE**
CITY-ST-ZIP **715 NW 23RD STREET
GAINESVILLE, FL 32607** **BOARD MEMBER**

TITLE ☐ Change ☒ Addition
NAME **CAROLYN ROBERTS**
STREET ADDRESS **2076 N W 19 LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32605** **PRESIDENT**

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **RAOLOFF, WILLIAM**
CITY-ST-ZIP **VILLA 9-38 NW 39 AVE
GAINESVILLE, FL 32609** **BOARD MEMBER**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SCOTT, JANIS F**
CITY-ST-ZIP **306 NE 5TH AVE.
GAINESVILLE, FL 32601** **PAST PRESIDENT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CONNELL, SHARON**
CITY-ST-ZIP **4122 NW 68TH DR
GAINESVILLE, FL** **BOARD MEMBER**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PAGE, JANE**
CITY-ST-ZIP **352 NW 48 BLVD
GAINESVILLE, FL 32607** **BOARD MEMBER**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DT**
STREET ADDRESS **CAROLINE, NORMANN P**
CITY-ST-ZIP **1824 NW 11 ROAD
GAINESVILLE, FL 32605** **PAST PRESIDENT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Simon - Treasurer 7.14.08 352 373-3578