2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 745607

Entity Name: THOMAS CENTER ASSOCIATES, INC.

Current Principal Place of Business:

302 NE 6TH AVE
GAINESVILLE, FL 326049752 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12752
GAINESVILLE, FL 326049752 US

New Mailing Address:

FEI Number: 59-1874171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DBM	( ) Delete
Name:	FORD, GALE	
Address:	715 NW 23RD STREET	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	PD	( ) Delete
Name:	ROBERTS, CAROLYNN	
Address:	2076 NW 19 LANE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	PP	( ) Delete
Name:	SCOTT, JANIS F	
Address:	306 NE 5TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	DBM	( ) Delete
Name:	CONNELL, SHARON	
Address:	4122 NW 68TH DR	
City-St-Zip:	GAINESVILLE, FL	
Title:	SDBM	( ) Delete
Name:	PAGE, JANE	
Address:	352 NW 48 BLVD	
City-St-Zip:	GAINESVILLE, FL 32607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE LAMAR TREA 01/14/2009

Electronic Signature of Signing Officer or Director — Date