

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745607

FILED
Jan 15, 2010
Secretary of State

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
Name: FORD, GALE
Address: 715 NW 23RD STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: PD
Name: APPLETON, PRISCILLA
Address: 15411 N W 45 PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: PP
Name: SCOTT, JANIS F
Address: 306 NE 5TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: DBM
Name: CONNELL, SHARON
Address: 4122 NW 68TH DR
City-St-Zip: GAINESVILLE, FL

Title: SDBM
Name: PAGE, JANE
Address: 352 NW 48 BLVD
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE LAMAR

TREA

01/15/2010

Electronic Signature of Signing Officer or Director

Date