

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745607

FILED  
Feb 19, 2012  
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: PD  
Name: MYERS, GARDINER H  
Address: 1201 NE 4TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: SD  
Name: BUTZ, SUSAN  
Address: 2136 NW 28TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: TD  
Name: GABLE, SUZANNE  
Address: 2970 NW 27TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: CONNELL, SHARON  
Address: 4122 NW 68TH DR  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: ROBERTS, CAROLYN  
Address: 2076 NW 19TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: SCOTT, JANICE  
Address: 306 NE 5TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

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: GARDINER H MYERS

P

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date