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NONPROFIT CORPORATION **ANNUAL REPORT**

1998

1045 NW 41ST DR

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

FILED Feb 12 1998 8:00am Secretary of State

	Principal Place	e of Business	Mailing Address		n annul under diest date Bibli Office A	an man dibit bibit bibit gibit dibit (1881)
BOX 100351 TEACHING HOSPITAL & CLINICS		ADITAL A GLUHAA	BOX 100351		3. Date Incorporated or Qualified	
i	GAINESVILLE F		TEACHING HOSPITAL & GAINESVILLE FL 32611-		01/17/1980	
ı	US		US	2001	4. FEI Number	Applied For
I	9 Principal D	lace of Business	Sa Mailine Address	·····	59-1984077	Not Applicable
l	21	INCO OI DOSIIIASS	2a. Mailing Address		5. Certificate of Status Desired	S8.75 Additional
1	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
İ	22		27		Trust Fund Contribution	Added to Fees
ı	City & State	9	City & State		7. Is this nonprofit corporation a ho	meowners association?
I	23 Zip	1 Co	28]		 - -	Yes No
ŀ	24	Country 25	Z ip	Country	8. This corporation owes or has pa	
ŀ	24	9. Name and Address of Cur		[30]	Personal Property Tax due June 10. Name and Address of New Re	
ľ				81 Name		1
İ	EVANS,	HELEN		82 Street	Gronwall, E Address (P.Q. Box Number is Not Acceptab	EVERLY
l	21004 N	E 117TH AVE		311881	637 NW 847	" STREET
l	EARLET(ON FL 32631		63		
l				84 City	CATALEGUELLE	85 Zip Code
				1 1 7	GAINESVILLE	FL 85 ZID COOP 7
ŀ	41 Discussos 6	the provisions of Continue 617	2002 and 017 1000 Ft aid. Dist		OTTER DE POL	
	11. Pursuant t	to the provisions of Sections 617.	0502 and 617.1508, Florida Stal late of Florida, Such change wa	tutes, the above-named is authorized by the cor	corporation submits this statement for the n	urnose of changing its societared
	agent. I ar	to the provisions of Sections 617.1 agistered agent, or both, in the St m familiar with, and accept the ob	0502 and 617.1508, Florida Stal late of Florida. Such change wa oligations of, Section 617,0503,	tutes, the above-named is authorized by the cor Florida Statutes.	corporation submits this statement for the proporation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
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	signature 1	programmer agent, or both, in the of m familiar with, and accept the of the of the officers. Signature, typed or printed name of Jugisterec OFFICERS	Itate of Florida. Such change wabligations of, Section 617,0503, Support and the if applicable (N AND DIRECTORS	tutes, the above-named is authorized by the conflicted Statutes. **BEVERLY** **IOTE: Registered Agent aignation** 13.	Corporation submits this statement for the p poration's board of directors. I hereby accept GRONWALL 03 e required when reinstating) ADDITIONS/CHANGES TO OFFIC	urpose of changing its registered at the appointment as registered U-04-98
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: wall BEVERLY Chinwall 0205