FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # **753619** **(6)**

1. Corporation Name

NATIONWIDE ACTIVITIES ASSOCIATION OF THE GULF ST ATES REGION, INCORPORATED

Principal Place of Business	Mailing Address
ULF STATES REGION. INCORPORATED 3300 S.W. WILLISTON ROAD GAINESVILLE FL 32608	ULF STATES REGION. INCORPORATED 3300 S.W. WILLISTON ROAD GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2016522 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MEYROWITZ, RAYMOND A.
3300 S.W. WILLISTON ROAD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

01 Name	Richard Maxwell
02 Street Address (P.O. Box Number is Not Acceptable)	3300 Williston Road
03	
04 City	Gainesville, FL 05 Zip Code 32608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Richard M Maxwell 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	X Change ☐ Addition
NAME	FRAZIER, MICHAEL	12 NAME	Reginald Blackmon	
STREET ADDRESS	3300 S.W. WILLINGSTON ROAD	13 STREET ADDRESS	3300 Williston Road	
CITY - ST - ZIP	GAINESVILLE FL	14 CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	VPD	21 TITLE	VD	X Change ☐ Addition
NAME	LAND, SUZANNE	22 NAME	Sean Lewis	
STREET ADDRESS	3300 S.W. WILLISTON ROAD	23 STREET ADDRESS	3300 Williston Road	
CITY - ST - ZIP	GAINESVILLE FL	24 CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	CD	31 TITLE	M	X Change ☐ Addition
NAME	HUNTER, WANDA	32 NAME	Natalie Cadwallader	
STREET ADDRESS	3300 S.W. WILLISTON ROAD	33 STREET ADDRESS	3300 Williston Road	
CITY ST ZIP	GAINESVILLE FL	34 CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	T	41 TITLE	T	X Change ☐ Addition
NAME	HAYES, DAVID	42 NAME	Deborah Frening	
STREET ADDRESS	3300 S.W. WILLISTON ROAD	43 STREET ADDRESS	3300 Williston Road	
CITY - ST - ZIP	GAINESVILLE FL	44 CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	S	51 TITLE	S	X Change ☐ Addition
NAME	BLACKMON, REGGIE	52 NAME	Sandra Kay Nattiel	
STREET ADDRESS	3300 S.W. WILLISTON ROAD	53 STREET ADDRESS	3300 Williston Road	
CITY - ST - ZIP	GAINESVILLE FL	54 CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	VP	61 TITLE	VD	X Change ☐ Addition
NAME	MARTINEZ, CARMEN	62 NAME	David Hayes	
STREET ADDRESS	3300 S.W. WILLISTON ROAD	63 STREET ADDRESS	3300 Williston Road	
CITY ST ZIP	GAINESVILLE FL	64 CITY ST ZIP	Gainesville, FL 32608	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Reginald Blackmon 4/7/95 (904) 338-4361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029707