FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 753619 (6)

Mailing Address

NATIONWIDE ACTIVITIES ASSOCIATION OF THE GULF ST ATES REGION, INCORPORATED

ULF STATES REGION. INCORPORATED ULF STATES REGION, INCORPORATED 3300 S.W. WILLISTON ROAD 3300 S.W. WILLISTON ROAD GAINESVILLE FL 32608 GAINESVILLE FL 32608 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1980 04/12/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2016522 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Yes X No 25 29 Florida Statutes

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAXWELL, RICHARD 62 Street Address (P.O. Box Number is Not Acceptable) 3300 S.W. WILLISTON ROAD 83 **GAINESVILLE FL 32608** 84 City Zip Code

502 and 617, 508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 11. Pursuant to the provisions of Sections 617. 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 617,0503, Florida Statutes. 2/20/41

SIGNATURE _	Signature, typis or printed name of registered agent and titlef aggicable (NOTE F	Spistered Agent squature required when reinstating) DATE DATE
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	VD >=4£LETE	11 TITLE VD Change Addition
NAME	LEWIS), SEAN	12 NAME JOY MOTALIS
STREET ADDRESS	3300 S.W. WILLINGSTON ROAD	19 STREET ADDRESS 3.3 60 5.0. W/COS / ARC XZ
CITY-ST-ZIP	GAINESVILLE FL	12 NAME 13 STREET ADDRESS 14 CITY-S1-21P CANASURCE, FC. J2608
TITLE	M ≯ €1E	2 1 TITLE Change Addition
NAME	CADWALLADER, NATALIE	2.2 NAME
STREET ADDRESS	3300 S.W. WILLISTON ROAD	2 3 STREFT ADDRESS
CITY-ST-ZIP	GAINESVILLE FL	2 4 CITY-ST-ZIP
TITLE	T DELETE	3 1 TITLE Change Addition
NAME	Frening, Deborah	32 NAME
STREET ADDRESS	3300 S.W. WILLISTON ROAD	3 3 STREET AODRESS

3300 S.W. WILLISTON ROAD STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** 4.4 CITY - ST - ZIP CITY - ST - ZIP **S** FOULETE Change ☐ Addition 5 1 TITLE BLACKMON, REGGIE 52 NAME 3300 S.W. WILLISTON ROAD 5.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 54 CITY - ST - ZIP

34. CITY - \$1 - 7IP

4.1 THILE

4 2 NAME

CITY-ST-ZIP DELETE 6 1 TITLE ΔÁ Citange Addition VID TITLE HAYES, DAVID 6.2 NAME NAME 3300 S.W. WILLISTON ROAD STREET ADDRESS 6.3 STREET ADDRESS **GAINESVILLE FL** 6 4 CITY - \$1 - 2IP CITY - ST - ZIP

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)(k), 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:

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

GAINESVILLE FL

NATTIEL, SANDRA KAY

DELETE

8-20-96 352) 338-4853

Change

Addition

CR2E037 (12/95)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable