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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756223 (4)

1. Corporation Name
UNITED GAINESVILLE COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602 US	Mailing Address 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602-2518 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

3. Date Incorporated or Qualified 02/06/1981	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2221464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASTELLO, WAYNE
2772 N.W. 43RD. ST.
SUITE W
GAINESVILLE, FL 32606**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROSA	
STREET ADDRESS	423 NW 6TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMERON, ROBERT E.	
STREET ADDRESS	2915 N.W. 27TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, DEAN G.	
STREET ADDRESS	1212 N.W. 12TH AVE BLD A	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMART, CARL	
STREET ADDRESS	7722 S.W. 24TH AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLAMAND, RICHARD	
STREET ADDRESS	4618 NW 41ST PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMPS, CHARLES	
STREET ADDRESS	609 S.W. 4TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Graham, Appie
3.4 CITY-ST-ZIP	5922 NW 28th Terrace Gainesville, FL 32653-1618
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Washington, Ann
4.4 CITY-ST-ZIP	620 SW 5th Terrace Gainesville, FL 32601
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Rosa Williams **SIGNATURE REQUIRED** 4/3/97 (352) 376-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010711

CR2E037 (9/96)

PCD

Williams, Rosa B.
423 NW 6th Avenue
Gainesville, FL 32601

VD

White, Albert
6423 NW 42nd Lane
Gainesville, FL 32606

TD

Appie Graham
5922 NW 28th Terrace
Gainesville, FL 32653-1618

SD

Washington, Ann
620 SW 5th Terrace
Gainesville, FL 32601

D

Cameron, Robert
5108 NW 47th Lane
Gainesville, FL 32606

D

Cherry, John
P.O. Box 1468
Gainesville, FL 32602

D

Ellis, Larry T.
4411 NW 43rd Place
Gainesville, FL 32606

D

Elmore, Darrell E.
P.O. Box 1467
Gainesville, FL 32602

D

Richard G. Flamand, Jr.
4618 NW 41st Place
Gainesville, FL 32606

D

Willie Cunningham
2401 NW 66th Court
Gainesville, FL 32653

D

Roland Daniels
532 SW 117th Street
Gainesville, FL 32608

D

Saul Rentz
1219 NW 10th Ave.
Gainesville, FL 32601

D

Williams, Janie
811 SW 5th Street
Gainesville, FL 32601