

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90028 041 ****70.00

0011038

DOCUMENT # 756223

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
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

02/06/1981

4. FEI Number

59-2221464

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

9. Name and Address of Current Registered Agent

**CASTELLO, WAYNE
2772 N.W. 43RD. ST.
SUTIE 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** ☐ DELETE

NAME **WILLIAMS, ROSA**
STREET ADDRESS **423 NW 6TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, JANIE**
STREET ADDRESS **811 SW 5TH ST**
CITY-ST-ZIP **GAINESVILLE, FL 00000 32601**

TITLE **SD** ☐ DELETE

NAME **WASHINGTON, ANN**
STREET ADDRESS **620 SW 5TH TERR**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **VD** ☐ DELETE

NAME **ELLIS, LARRY**
STREET ADDRESS **423 N W 6TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32614**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **Rosa B. Williams** President/Chair 3/31/99 (352) 376-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)