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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757374 (4)

1. Corporation Name

THE GESTALT CENTER OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

802 N.W. 23RD AVE.
GAINESVILLE FL 32609802 N.W. 23RD AVE.
GAINESVILLE FL 32609-35343. Date Incorporated or Qualified
04/02/19813a. Date of Last Report
03/13/19964. FEI Number
59-2256564Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BURT, THEODORE M
NE 1ST ST HWY 26
TRENTON FL 32693~~

81 Name LARRY E CIESLA

82 Street Address (P.O. Box Number is Not Acceptable)
204 W University Ave

83 Suite # 4

84 City Gainesville

FL

85 Zip Code 32601

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ZEMAN, JAY
STREET ADDRESS 4110 SW 5TH AVE.
CITY-ST-ZIP GAINESVILLE FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME JAY ZEMAN
1.3 STREET ADDRESS 4108 SW 19th Terr.
1.4 CITY-ST-ZIP Gainesville FL 32608TITLE PD ☐ DELETE
NAME KORB, MARGARET P
STREET ADDRESS 1515 N.W. 29TH ROAD #A4
CITY-ST-ZIP GAINESVILLE, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME WINKLE, SUELLYN
STREET ADDRESS 670 N.E. 2ND STREET
CITY-ST-ZIP WILLISTON FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME MARTIN, ALICE
STREET ADDRESS 814 NE 3RD AVE.
CITY-ST-ZIP GAINESVILLE FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ALICE MARTIN
4.3 STREET ADDRESS STAR ROUTE BOX 1307
4.4 CITY-ST-ZIP EARLETON, FL 32631TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

Margaret P. Korb 2/12/97 352 378 5253

CR2E037 (9/96)