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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32609**

**802 N.W. 23RD AVE.  
GAINESVILLE FL 32609**



3. Date Incorporated or Qualified

**04/02/1981**

4. FEI Number

**59-2256564**

Applied For

Not Applicable

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**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BURT, THEODORE M  
NE 1ST ST HWY 28  
TRENTON FL 32693**

10. Name and Address of New Registered Agent

**81** Name **Larry E. Ciesla**

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

**83** **Gainesville FL**

**84** City

**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

**Larry E. Ciesla, Attorney**

**Larry E. Ciesla**

**1/6/98**

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 ☐ DELETE

**D**  
**JAY ZEMAN**  
**4108 SW 19TH TERR**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**PD**  
**KORB, MARGARET P**  
**1515 N.W. 29TH ROAD #A4**  
**GAINESVILLE, FL 00000**

TITLE ☒ DELETE

**SD**  
**WINKLE, SUELLYN**  
**670 N.E. 2ND STREET**  
**WILLISTON FL**

TITLE ☐ DELETE

**TD**  
**MARTIN, ALICE**  
**611 NE 3RD AVE Star Rt. Box 1367**  
**GAINESVILLE FL Earleton, FL 32631**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
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.

SIGNATURE:

**Margaret P Kane** 11/1/98 32632 5213

CR2E037 (10/97)