
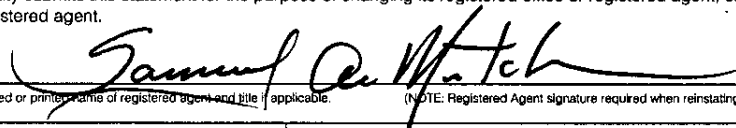



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90062 013 ****70.00

DOCUMENT # 758605 1. Entity Name GAINESVILLE CRESCENT FOUNDATION, INC.					
Principal Place of Business 711 NW 23TH AVE SUITE 1 GAINESVILLE, FL 32609 US			Mailing Address BOX 921 GAINESVILLE, FL 32602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2123620	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CHESTNUT, JAMES 5916 SW 80 ST GAINESVILLE, FL 32608					
7. Name and Address of New Registered Agent Name SAMUEL A. MUTCH, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2114 N.W. 40th Terrace, Suite A-1 City GAINESVILLE FL Zip Code 32605					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHEY, MILLEDGE <input type="checkbox"/> Delete 1815 NW 7 PLACE GAINESVILLE, FL 32603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, JAMES <input checked="" type="checkbox"/> Delete 5916 SW 80TH STREET GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Moegenberg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 468 S.W. Thorne Lane Ft. White, FL 32038	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ED JR <input type="checkbox"/> Delete 4533 NE 77TH AVE. GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WATERS, RICHARD <input type="checkbox"/> Delete 13721 NW 60 PL GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Edward C. Jones, Jr. Date 19 April 04 Daytime Phone # 352-870-0481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					