

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 009 ****61.25

DOCUMENT # F98000006142



1. Entity Name

NINEPATCH, INC.

Principal Place of Business

BOX 1263
AVON PARK FL 33826

Mailing Address

~~BOX 1263~~
~~AVON PARK FL 33826~~



2. Principal Place of Business

1014 NWS2nd Terrace
Suite, Apt. #, etc.
Gainesville, FL

3. Mailing Address

1014 NW S2ND TER.
Suite, Apt. #, etc.
GAINESVILLE, FL

1st MOORE

CR2E037 (10/05)

City & State

32605 USA

City & State

32605 USA

4. FEI Number

38-3271588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGLE, FRANCES R
4801 GRANADA BLVD
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name *Frances R. Ogle*

Street Address (P.O. Box Number is Not Acceptable)

1014 NW 52nd Terrace

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

Frances R. Ogle

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-20-06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OGLE, FRANCES R	
STREET ADDRESS	4801 GRANADA BLVD	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE	AD	<input type="checkbox"/> Delete
NAME	KRUZEL, GEORGENE	
STREET ADDRESS	2716 DALERIDGE PL	
CITY-ST-ZIP	SPRING VALLEY CA 91977	

TITLE	AD	<input type="checkbox"/> Delete
NAME	POUCHER, JUNE	
STREET ADDRESS	PO BOX 1027	
CITY-ST-ZIP	WAUCHULA FL 33873	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLE, FRANCES R	
STREET ADDRESS	1014 N.W. 52ND TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL. 32605	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frances R. Ogle*

2-20-06

352-395-6587