


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N010C0002599	
<b>1. Entity Name</b> NORTH CENTRAL FLORIDA INTERGROUP, INC.	

<b>Principal Place of Business</b> 2632 NW 43RD ST STE A111 GAINESVILLE FL 32606	<b>Mailing Address</b> 2632 NW 43RD ST STE A111 GAINESVILLE FL 32606
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  SAIER, FRANK P ESQ 4041-B NW 37 PL GAINESVILLE FL 32606
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<b>4. FEI Number</b> 59-3360690	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

**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	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
D KAPPELMAN, MARTIN R 2632 NW 43RD ST STE A111 GAINESVILLE FL 32606	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
D MILLER, ROY J 824 NW 10TH AVE GAINESVILLE FL 32601	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
D GIBBONS, CORLISS 927 SW 51ST WAY GAINESVILLE FL 32607	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DELETE</b> <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
U00000059478 02/23/04-80001-011 61.25	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>

**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:**

*Roy J Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/13/04*  
Date

*372-8091*  
Daytime Phone #