

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 039 ****61.25

DOCUMENT # N01000002599

1. Entity Name

NORTH CENTRAL FLORIDA INTERGROUP, INC.



Principal Place of Business

**2632 NW 43RD ST STE A111
GAINESVILLE FL 32606**

Mailing Address

**2632 NW 43RD ST STE A111
GAINESVILLE FL 32606**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-3360690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAIER, FRANK P ESQ
4041-B NW 37 PL
GAINESVILLE FL 32606**

Name **Roy J. Miller**

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

2632 NW 43RD ST STE A-111

North Central Florida Intergroup

City **Gainesville**

FL Zip Code **32606**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By September 5, 2007

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 ☐ Delete
NAME **DENITT, JOHN D**
STREET ADDRESS **4521 NW 18TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME **MILLER, ROY J**
STREET ADDRESS **824 NW 10TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Delete
NAME **GIBBONS, CORLISS**
STREET ADDRESS **927 SW 51ST WAY**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Chapter 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:

Roy J. Miller