

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

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 025 ****61.25

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1. Entity Name

**PRIDE COMMUNITY CENTER OF NORTH CENTRAL
FLORIDA INC.**



Principal Place of Business

**POST OFFICE BOX 5383
GAINESVILLE FL 32627**

Mailing Address

**POST OFFICE BOX 5383
GAINESVILLE FL 32627**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3690357

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

**FLEMING, TERENCE P
306 NE 7TH STREET
GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME FLEMING, TERENCE P
STREET ADDRESS 306 NE 7TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Delete
NAME MILLER, TRACY
STREET ADDRESS 1009 NE 7TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Delete
NAME MILLER, TRACY
STREET ADDRESS 3461 SW 2ND AVE APT 139
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE PD ☒ Delete
NAME LOGAN, GWANITH
STREET ADDRESS 3628 NE 2ND PLACE
CITY-ST-ZIP Ocala FL 34470

TITLE SD ☐ Delete
NAME BOCHER-KELLY, KIMBERLY L
STREET ADDRESS 21227 NW CR 1493
CITY-ST-ZIP LA CROSSE FL 32658

TITLE TD ☒ Delete
NAME WRIGHT, JAMES W
STREET ADDRESS 1791 SC 39TH ST
CITY-ST-ZIP Ocala FL 34480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME ~~ALYEA~~ ALYEA, Taylor J.
STREET ADDRESS 3129 NW 12th Ter
CITY-ST-ZIP Gainesville FL 32609

TITLE D ☐ Change ☒ Addition
NAME ~~FOX~~ FOX, STACI
STREET ADDRESS 5703 SW 10th Pl
CITY-ST-ZIP Gainesville, FL 32607

TITLE D ☐ Change ☒ Addition
NAME ~~DEVONISH~~ DEVONISH, DENISE
STREET ADDRESS 1116 NE 10th Place
CITY-ST-ZIP Gainesville, FL 32601

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

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

TITLE ☐ Change ☐ 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: Terence P Fleming *Terence P Fleming* **25 Apr 106** **352-577-8915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #