

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

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 044 \*\*\*\*61.25

**DOCUMENT # N02000000918**

1. Entity Name

PRIDE COMMUNITY CENTER OF NORTH CENTRAL  
FLORIDA INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 5383  
GAINESVILLE FL 32627

POST OFFICE BOX 5383  
GAINESVILLE FL 32627

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

1st MOORE

CR2E037 (10/06)

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

TITLE D ☐ Delete  
NAME FOX, STACI  
STREET ADDRESS 5703 SW 10TH PL  
CITY-STATE-ZIP GAINESVILLE FL 32607

TITLE D ☒ Delete  
NAME DEVONISH, DENISE  
STREET ADDRESS 1116 NE 10TH PLACE  
CITY-STATE-ZIP GAINESVILLE FL 32601

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

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

TITLE D ☐ Delete  
NAME ALYEA, TAYLOR J  
STREET ADDRESS 3129 NW 12TH TERR  
CITY-STATE-ZIP GAINESVILLE FL 32609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Terence P Fleming Terence P Fleming 7 March 07 352-377-8915