

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000918

FILED
Apr 30, 2008
Secretary of State

Entity Name: PRIDE COMMUNITY CENTER OF NORTH CENTRAL FLORIDA INC.

Current Principal Place of Business:

POST OFFICE BOX 5383
GAINESVILLE, FL 32627

New Principal Place of Business:

3131 NW 13TH ST
STE 61
GAINESVILLE, FL 32609

Current Mailing Address:

POST OFFICE BOX 5383
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 59-3690357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLEMING, TERENCE P
Address: 306 NE 7TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FOX, STACI
Address: 5703 SW 10TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: BOCHER-KELLY, KIMBERLY L
Address: 21227 NW CR 1493
City-St-Zip: LA CROSSE, FL 32658

Title: D () Delete
Name: ALYEA, TAYLOR J
Address: 3129 NW 12TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KARP, ROBERT K
Address: 1101 NW 43RD AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D (X) Change () Addition
Name: WESTER, JENNIFER
Address: PO BOX 141511
City-St-Zip: GAINESVILLE, FL 32614

Title: TD () Change (X) Addition
Name: HENJUM, ELAINE
Address: 10254 SW 55TH LN
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE P. FLEMING

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date