

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000918

FILED
Apr 27, 2012
Secretary of State

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

Current Principal Place of Business:

3131 NW 13TH ST
STE 61
GAINESVILLE, FL 32609

New Principal Place of Business:

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
Name: FLEMING, TERENCE P
Address: 306 NE 7TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: PRATHER, ROBERT
Address: 320 SE 3RD ST APT B15
City-St-Zip: GAINESVILLE, FL 32601

Title: TD
Name: MILLER, TRACY
Address: 916 NE 19TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: D
Name: BASSHAM, LINDA
Address: 1621 NE 17TH PL
City-St-Zip: GAINESVILLE, FL 32609

Title: D
Name: MCBRIDE, JOAN
Address: 727 SE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: HANNAH, LAUREN
Address: 3131 NW 13TH ST SUITE 62
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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 all other like empowered.

SIGNATURE: TERENCE FLEMING

PD

04/27/2012

Electronic Signature of Signing Officer or Director

Date