2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N06000000488

Entity Name: GAINESVILLE BUSINESS AND TECHNOLOGY PARK MASTER ASSOCIATION, INC.

Current Principal Place of Business:

6840 NW 225TH STREET
MELROSE, FL 32666

New Principal Place of Business:

6840 NE 225TH ST.
MELROSE, FL 32666

Current Mailing Address:

6840 NW 225TH STREET
MELROSE, FL 32666

New Mailing Address:

6840 NE 225TH ST.
MELROSE, FL 32666

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WURN, LAWRENCE J
6840 NW 225TH STREET
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

WURN, LAWRENCE J
6840 NE 225TH ST.
MELROSE, FL 32666 US

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: LAWRENCE J WURN 07/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WURN, LAWRENCE J
Address: 6840 NW 225TH STREET
City-St-Zip: MELROSE, FL 32666

Title: DV ( ) Delete
Name: WURN, JACQUELINE
Address: 6014 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST ( ) Delete
Name: WURN, EMILY
Address: 6014 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WURN, LAWRENCE J
Address: 6840 NE 225TH ST.
City-St-Zip: MELROSE, FL 32666

Title: DV (X) Change ( ) Addition
Name: WURN, JACQUELINE
Address: 6750 EPPING FOREST WAY N, #113
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST (X) Change ( ) Addition
Name: WURN, EMILY
Address: 6750 EPPING FOREST WAY N, #113
City-St-Zip: JACKSONVILLE, FL 32217

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: LAWRENCE J WURN DP 07/05/2007
Electronic Signature of Signing Officer or Director Date