

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90068 027 ****61.25

0011562

DOCUMENT #. N18698

1. Corporation Name

ACROSSTOWN COFFEEHOUSE INC.

Principal Place of Business

C/O ANNE ORLANDO
1711 SW 43 AVE
GAINESVILLE FL 32608
US

Mailing Address

C/O ANNE ORLANDO
1711 SW 43 AVE
GAINESVILLE FL 32608
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
1804 SW 35 Pl.

22 City & State
Gainesville, FL

23 Zip
32608

24 Country
Alachua

2a. Mailing Address

26 Suite, Apt. #, etc.
1804 SW 35 Pl.

27 City & State
Gainesville, FL

28 Zip
32608

29 Country
Alachua

3. Date Incorporated or Qualified

01/12/1987

4. FEI Number

59-2794510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ORLANDO, ANNE
1711 SW 43 AVENUE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DBM
NAME ORLANDO, ANNE
STREET ADDRESS 1711 SW 43RD AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DPM
NAME WALES, PAUL
STREET ADDRESS 1711 SW 43RD AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DS
NAME ANDREWS, RENE
STREET ADDRESS ROUTE 1, BOX 459
CITY-ST-ZIP MICANOPY FL 32667

TITLE DPD
NAME BLAKESLY, JONI
STREET ADDRESS P.O. BOX 12372 N/A
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1804 SW 35 Place
Gainesville, FL 32601

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

1804 SW 35 Place
Gainesville, FL 32601

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/29/99 352-776-7646

Date

Daytime Phone #

CR2E037 (11/98)