FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

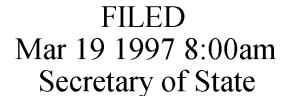
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N24895

(7)

N.C.B.C. FOUNDATION, INC.





| Principal Place of Business Mailing Address Mailing Address | | | | | | | *************************************** |
|--|--|--|------------------------------|---|--|-----------------------|---|
| 518 N.W. 14TH <i>I</i> GAINESVILLE FL | | 518 N.W. 14TH AVENUE GAINESVILLE FL 32601-4213 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 02/18/1988 | 3a. Date of Last I | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable | | |
| Suite, Apt #, etc | | Suite, Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Ztp Country | | Zip Country | | 8. This corporation has liability for i | | | |
| 24 | 25 | | 30 | | | Yes No | J. 133.00E, |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| | | | 81 | Name | | | |
| JONES, I | LOYD E. III | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptab | le) | |
| 518 NW 14TH AVE | | | | | | | |
| GAINESV | 1LLE FL 32601 | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 617.050 | 02 and 617.1508, Florida Statute | s, the abov | e-named cor | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing | its registered |
| office or i agent La | registered agent, or both, in the State ani familiar with, and accept the oblig | or Florida. Such change was a pations of, Section 617.0503, Flo | utnorizeo bi rida Statute | y tne corpora s. | ition's board of difectors. I hereby accep | it the appointment as | s registered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed harve of registered age | | Registered Ag | ent signature requ | ired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ENDERSE | DO IN 10 |
| 12. | PD OFFICERS AN | ID DIRECTORS DELETE | 13. 11 TITLE | | ADDITIONS/CHANGES TO OFFIC | Change | |
| NAME | PALMER, ZANE | Lad Pacerte | 12 NAME | | | | |
| STREET ADDRESS | 8811 SW EIGHTH AVENUE | | | ADDRESS | | | ! |
| CITY - ST - ZIP | GAINESVILLE FL | FL . | | ST-ZIP | | | |
| TITLE | TD | DELETE 2.11 | | | | Change | Addition |
| NAME | BRANCH, A.E. | . 2. | | | | | |
| STREET ADDRESS | | | 2.3 STREE | ADDRESS | | | |
| CITY-S1-ZIP | | | 2. 4 CITY- | ST-ZIP | · | | |
| 1:1LE | D | □ DÉLETE 3. | | l | | Change | Addition |
| NAME | BEVILLE, EDGAR | 3.2 | | | | | |
| STREET ADORESS | 4517 NW 108TH STREET GAINESVILLE FL | | | ADDRESS | | | |
| CITY-S1-ZIP TITLE | VD | DELETE | 3.4. CITY - 4.1 TITLE | S1-ZIP | 194 | Change | Addition |
| NAME. | CLEMONS, L.L. | | 4. 2 NAME | } | | | |
| STREET ADDRESS | 1911 NW 97TH ST | | 1 | ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL | | 4.4 CiTY-1 | ST-ZIP | | | |
| BILE | SD | ☐ DELETE | 5 1 TITLE | | | ☐ Change | Addition |
| NAME | WATERS, PAUL | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | 1105 NE 156 AVE | | 5.3 STREE | ADDRESS | | | |
| CITY-S1-7IP | GAINESVILLE FL | T OF SE | 5.4 CITY- | ST-ZIP | | | |
| TILE | D | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME ANYLI MODALA | BRANNEN, JERRE | | 6.2 NAME | | | | |
| STREET ADDRESS | 2222 NW 21ST AVE | | | ADDRESS | | | |
| City-ST-7iP | GAINESVILLE FL | ()) | 64 CHY- | 51-ZIP | | | |

I do 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.

SIGNATURE: