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03-30-1999 90046 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N24895

1. Corporation Name

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

Principal Place of Business

**518 N.W. 14TH AVENUE
GAINESVILLE FL 32601-4213**

Mailing Address

**518 N.W. 14TH AVENUE
GAINESVILLE FL 32601-4213**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

3. Date Incorporated or Qualified

02/18/1988

4. FEI Number

NOT APPLICABLE

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

**JONES, LLOYD E. III
518 NW 14TH AVE
GAINESVILLE FL 32601**

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 **Lloyd E. Jones III**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE **1-5-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD PALMER, ZANE**
STREET ADDRESS **8811 SW EIGHTH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **TD BRANCH, A.E.**
STREET ADDRESS **12835 N STATE ROAD 121**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **D BEVILLE, EDGAR**
STREET ADDRESS **4517 NW 108TH STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **SD WATERS, PAUL**
STREET ADDRESS **1105 NE 156 AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **DV BRANNEN, JERRE**
STREET ADDRESS **2222 NW 21ST AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99

Date

Daytime Phone #

CR2E037 (1/98)