## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

21

FLORIDA DEPARTMENT OF STATE

## Sandra B. Martham V

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33974

(9)

2a. Mailing Address

Suite, Apt. #, etc.

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430 BUILDING ASSOCIATION, INC.

Principal Place of Business	Malling Address

430 NORTH MAIN STREET 430 NORTH MAIN STREET GAINESVILLE FL 32601-3305 GAINESVILLE FL 32601-5329

## **FILED** May 20 1997 8:00am Secretary of State

3a. Date of Last Report 03/12/1996

Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualified 08/28/1989

4. FEI Number 59-3065998

22	#, Bio.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulred		
City & Stat	6	City & State	··· <u>····</u>	6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29 30	···	Florida Statutes Yes No		
	9. Name and Address of Curre	int Registered Agent		10. Name and Address of New Registered Agent		
			81 Name	RTON, DORIS		
MCPHERSON, MELISSA MURPHY			92 Street Address (P.O. Boy Number is Not Acceptable)			
2700-C N W 43RD STREET			(811 NW CTH PLACE 9511 MUCOn Place			
GAINESVILLE FL 32606			63 GA	INESVILLE, FL 32607		
			84 City 85 Zin Code			
•				FL 32607		
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 bereby accept the appointment as 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 onlybations of Section 617.0503, Florida Statutes.						
SIGNATURE	Lunes X the	9750		4/28/97		
	Signature, typed or printed name of registered as		stered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12. Title	PD OFFICERS AF			**************************************		
NAME	DAVIS, BETH			MANDALLI CIRTS		
STREET ADDRESS	720 NE BLVD.	<b>.</b>	í	1617 N.W. 19TH CIRCLE		
	GAINESVILLE FL		· I	GAINESVILLE, FL 32605		
CITY-ST-ZIP TITLE	SD		1.4 CITY-ST-ZIP	CD XI Change Addit		
NAME	GUXTON, BARBARA		· · · · · · J	2D		
STREET ADDRESS	3208 NW 57 TERR		2.3 STREET ADDRESS	BAKKER, ROSEMARY		
	GAINESVILLE FL	<b>.</b>	E. 4 CITY - ST-ZIP	1922 N.W. 14TH AVENUE		
CHY-ST-ZIP	D		3.1 TITLE	GAINESVILLE, FL 32605		
NAME	BARTLETT, BEVERLY	· <del>-</del>	3.2 NAME			
STREET ADDRESS	430 N. MAIN STREET		1.3 STREET ADDRESS			
	GAINESVILLE FL		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	VD			ZD X Change Addit		
NAME	RANDALL, CHRISIE D.			SCHECK, JULIE		
STREET ADDRESS	1617 NW 19TH CIR.			7325 S.W. 97TH LANE		
CITY-ST-ZIP	GAINESVILLE FL	i i		GAINESVILLE, FL 32608		
TITLE	TD			PD Change Addit		
NAME	HARTWELL, LONNIE D.	<del></del>	1.	HORTON, DORIS		
STREET ADDRESS	1830 SW 44TH AVE.		5.3 STREET ADDRESS	9511 N.W. 6TH PLACE		
CITY-SI-ZIP	GAINESVILLE FL			GAINESVILLE, FL 32607		
TITLE	D		5.1 TITLE	Change Addit		
NAME	MCGRIFF, LORI	··· I	1	,		
STREET ADDRESS	4721 NW 25 DR		1	FULLER, MELBA		
CITY-ST-ZIP	GAINESVILLE FL	<u> </u>	-	1102 SW 80TH TERRACE		
14. I do here	by certify that the information suppli	ed with this filing does not qualify for	the exemption sta	SATNESVILLE FI 32607  aled 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.	TO EXECUTE THIS LE	port as required by Oriapter 911, 1 joinus platetes, and triat my harris		