2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33974

FILED Apr 09, 2007 Secretary of State

Entity Name: 430 BUILDING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

430 NORTH MAIN STREET GAINESVILLE, FL 326013305

Current Mailing Address: New Mailing Address:

430 NORTH MAIN STREET GAINESVILLE, FL 326013305

FEI Number: 59-3065998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARTLETT, BEVERLY 1421 NW 47TH TERR

US GAINESVILLE, FL 32605

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Delete (X) Change () Addition JOHNSON, ERICA GILLMAN, LAURA Name: Name: 6231 S. W. 37TH WAY Address: 901 NW 57TH STREET Address:

City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete Title: BARTLETT, BEVERLY Name: Name: Address: 1421 NW 47TH TERRACE Address:

City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:

Title: () Delete Title: () Change () Addition

BEARDEN, JOAN Name: Name: Address: 10010 SW 52 RD Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

() Delete Title: Title: () Change () Addition

Name: BRASHEAR, JUDY Name: Address: 2002 NW 12 RD Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ACMOND, ELAINE MILLER, TAMMY Name: Name:

5512 SW 35 WAY 14260 W. NEWBERRY RD. Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: NEWBERRY, FL 32669

Title: () Delete Title: (X) Change () Addition

NELSON, ALILIA HART FARI Name: Name: Address: 10125 SW 52 RD Address: 1719 NW 23RD AVE. PHA GAINESVILLE, FL 32608 GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EARL D. HART **TRES** 04/09/2007