FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36940 (7)

1. Corporation Name
GAINESVILLE BRIDAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%MATTHEW WRIGHTON 5 SE 2ND AVE GAINESVILLE FL 32601 US	%MATTHEW WRIGHTON 5 SE 2ND AVE GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1990
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3063129 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Celebrate Formally
22 6702 Newberry Rd
23 Gainesville, FL
24 32605 25 USA

2a. Mailing Address
26 ← same
27
28
29 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WRIGHTON, MATTHEW
5 SE 2ND AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name: Nancy Bitton - Nancy's Notes
82 Street Address (P.O. Box Number is Not Acceptable): 6702 Newberry Rd
83
84 City: Gainesville FL 85 Zip Code: 32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Nancy Bitton Treasurer — 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	BIDDLECOMB, PAMELA	1.2 NAME	Susan Powers	
STREET ADDRESS	1040 NE 4 ST	1.3 STREET ADDRESS	2001 NW 58th Terr.	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	VPD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	POWERS, SUSAN	2.2 NAME	Renee Moyer	
STREET ADDRESS	2001 N.W. 568TH TERRACE	2.3 STREET ADDRESS	5201 S.W. 13th St.	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, Fl 32608	
TITLE	DT	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	WRIGHTON, MATTHEW	3.2 NAME	Nancy Bitton	
STREET ADDRESS	5 SE 2ND AVE	3.3 STREET ADDRESS	2616 N.W. 21st St	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	DS	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	HATTON, DEBBIE	4.2 NAME	Christy Porwoll	
STREET ADDRESS	2220 NW 55 BLVD	4.3 STREET ADDRESS	6702 W Newberry Rd	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	DV	5.1 TITLE		☐ Change ☐ Addition
NAME	SPARKMAN, VIVIAN	5.2 NAME		
STREET ADDRESS	503 N.W. 1ST COURT ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy Bitton, Treasurer — 4/24/95 — 904 377-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002672