

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36940 (7)

1. Corporation Name

GAINESVILLE BRIDAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CELEBRATE FORMALLY
6702 NEWBERRY ROAD
GAINESVILLE FL 32605
US

%MATTHEW WRIGHTON
6 SE 2ND AVE
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified
03/10/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3063129

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BITTON, NANCY
6702 NEWBERRY ROAD
GAINESVILLE FL 32605

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

Nancy Bitton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME POWERS, SUSAN
STREET ADDRESS 2001 NW 58TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ DELETE
NAME MOYER, RENEE
STREET ADDRESS 5201 SW 13TH STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE DT ☐ DELETE
NAME BITTON, NANCY
STREET ADDRESS 2616 NW 21ST STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE DS ☐ DELETE
NAME PORWOLL, CHRISTY
STREET ADDRESS 6702 W NEWBERRY ROAD
CITY-ST-ZIP GAINESVILLE FL

TITLE DV ☐ DELETE
NAME SPARKMAN, VIVIAN
STREET ADDRESS 503 N.W. 1ST COURT ST.
CITY-ST-ZIP HAWTHORNE 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Bitton

DATE

Daytime Phone #

4/29/96 352 377-2828

CR2E037 (12/95)