FILE NOW: FIL NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90006 048 ****61.25	
1. Corporatio	MENT # N380 In Name OF ALACHUA COUNTY	-					
Principal Place of Business 500 E UNIVERSITY AVE SUITE D GAINESVILLE FL 32601 US		500 E D	GAINESVILLE FL 32601				
_	Place of Business	2a. Ma	ailing Address			3. Date Incorporated or Qualifed 05/09/1990	
1 Suite, Apt.	#, etc.	Su	iite, Apt. #, etc.			4. FEI Number Applied For	
2 City & Stat	te	27. Ci	ty & State	<u>·</u>		5 Cartifacta of Status Designd Status Sector	
3 Zip			28 Zip			6, Election Campaign Financing \$5.00 May Be	
4	25 9. Name and Address of	29		30		Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent	-
					31 Name	¥	
	CK, ROBERT J. JR.			ŀ	32 Strøet	Address (P.O. Box Number is Not Acceptable)	
SUITE D	IVERSITY DR			-	33	· · · · · · · · · · · · · · · · · · ·	
GAINESVILLE FL 32601					84 City F1 85 Zip Code		
		17 0502 and 617	1508 Florida Statute			FL	
11. Pursuant office or agent. I a SIGNATURE	t to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or primad name of regist	e State of Florida. S obligations of, Se hered agent and title if app	Such change was au ection 617.0503, Flor plicable. (NOTE:	es, the ab ithorized ida Statut	ove-named by the corp es.	Corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered squired when reinstating)	
11. Pursuant office or agent. I a SIGNATURE	t to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or primad name of regist	e State of Florida. obligations of, Se	Such change was au ection 617.0503, Flor plicable. (NOTE:	es, the ab ithorized ida Statut	ove-named by the corp es. gent signature i	Corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
11. Pursuant office or agent. I a SIGNATURE 12. ITLE AME	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL	e State of Florida. S obligations of, Se hered agent and title if app	Such change was au ction 617.0503, Flor xicable. (NOTE: ORS	Registered A 13. 1.1 TTR 1.2 NAM	ove-named by the corp es. gent signature i E	Corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered squired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE IMME TREET ADDRESS	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL	e State of Florida. S obligations of, Se hered agent and title if app	Such change was au ction 617.0503, Flor xicable. (NOTE: ORS	Registered A 13. 1.1 TTR 1.3 STF	pye-named by the corp es. gent signature i	Example 1 Example 2 Corporation submits this statement for the purpose of changing its registered reaction's board of directors. I hereby accept the appointment as registered Image: Corporation submits this statement for the purpose of changing its registered Image: Corporation submits this statement for the purpose of changing its registered Image: Corporation submits this statement for the purpose of change Image: Change Image: Change	ition
11. Pursuant office or agent. I a SIGNATURE 12. ITLE IMME STREET ADDRESS STY-ST-ZIP TILE	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D	e State of Florida. S obligations of, Se hered agent and title if app	Such change was au ction 617.0503, Flor xicable. (NOTE: ORS	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STR 1.4 CFT 2.1 TFR	gent signature to E E E E E E E E E E E E T ADDRESS C-ST-ZIP E	Corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered squired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE IMME STREET ADDRESS STY-ST-ZIP ITLE IAME	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE.	e State of Florida. S obligations of, Se wred agent and title if App RS AND DIRECT	Such change was au ection 617.0503, Flor xicable. (NOTE: ORS	Registered A 13. 1.1 TPL 1.2 NAM 1.3 STF 1.4 C/T 2.1 TPL 2.2 NAM	gent signature to E E E E E E E E E E E E T ADDRESS C-ST-ZIP E	Example 1 FL Example 2 Example 2 Incorporation submits this statement for the purpose of changing its registered registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. I hereby accept the appointment as registered Incorporation's board of directors. In the appointment as registered Incorporation's board of directors. In the appointment as registered Incorporation's board of directors. In the appointment as registered Incorporation's board of directors. In the appointment as registered Incorporation's board of directors. In the appointment as registered. In the appointent as registered. In the appointment as re	ition
11. Pursuant office or i agent. I a SIGNATURE 12. ITTLE STREET ADDRESS CITY-ST-ZIP VAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL	e State of Florida. S obligations of, Se wred agent and title if App RS AND DIRECT	Such change was au action 617.0503, Flor Micable. (NOTE: ORS DELETE	Registered A 13. 1.1 TR 1.2 NAN 1.3 STR 1.4 C/T 2.1 TITL 2.2 NAN 2.3 STF 2.4 C/T	gent signature E E E E E E E E E E E E E	Corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered Redired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Ch	ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au ection 617.0503, Flor xicable. (NOTE: ORS	Registered A 13. 1.1 TR 1.2 NAN 1.3 STR 1.4 C/T 2.1 TITL 2.2 NAN 2.3 STF	agent signature i gent signature i E E E E E E E E E E E E E	FL corporation submits this statement for the purpose of changing its registered variants board of directors. I hereby accept the appointment as registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits the purpose of change addit	ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au action 617.0503, Flor Micable. (NOTE: ORS DELETE	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STF 1.4 CFF 2.1 TFL 2.2 NAN 2.3 STF 2.4 CFF 3.3 STF	agent signature i gent signature i E E E E E E E E E E E E E	FL corporation submits this statement for the purpose of changing its registered variants board of directors. I hereby accept the appointment as registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits the purpose of change addit	ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au action 617.0503, Flor Micable. (NOTE: ORS DELETE	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STF 1.4 CFF 2.1 TFL 2.2 NAN 2.3 STF 2.4 CFF 3.3 STF	agent signature i gent signature i E E E E E E E E E E E E E	FL corporation submits this statement for the purpose of changing its registered variants board of directors. I hereby accept the appointment as registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of changing its registered additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits this statement for the purpose of change additional submits the purpose of change addit	ition
11. Pursuant office or agent. 1 a SIGNATURE 2. TRE AME TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD ROHRLACK, ROBERT	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au cition 617.0503, Flor Micable. (NOTE: ORS DELETE	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STF 1.4 CFT 2.1 TFR 2.2 NAN 2.3 STF 2.4 CfT 3.1 TFR 3.3 STF 3.4. CfT 4.1 TTTR 4.2 NAN	agent signature i agent signature i agent signature i E E E E E E E E E E E E E	PL Deproporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition of the purpose of changing its registered addition of the appointment as registered addition of the appointment	ition
11. Pursuant office or i agent. 1 a SIGNATURE 2. TRE AME TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD ROHRLACK, ROBERT	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au action 617.0503, Flor ORS DELETE DELETE	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STF 2.4 CfT 3.1 TFR 2.4 CfT 3.1 TFR 3.3 STF 3.4 CfT 4.1 TFR 4.3 STF 4.3 STF	agent signature i agent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition to a r	ition ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D HILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au cition 617.0503, Flor Micable. (NOTE: ORS DELETE	Registered A 13. 1.1 TFR 1.2 NAN 1.3 STF 2.4 CfT 3.1 TFR 2.4 CfT 3.1 TFR 3.3 STF 3.4 CfT 4.1 TFR 4.3 STF 4.3 STF	agent signature i agent signature i E E E E E E E E E E E E E	PL Deproporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition of the purpose of changing its registered addition of the appointment as registered addition of the appointment	ition ition
1. Pursuant office or agent. 1 a SIGNATURE 2. TRE AME TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP TRE AME	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D DANIEL, C B 104 N MAIN ST	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au action 617.0503, Flor ORS DELETE DELETE	Registered / 13. 1.1 TITE 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAN 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAN 3.3 STF 3.4. CIT 4.1 TITL 5.3 STF 5.3 STF	agent signature i gent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition to a r	ition ition
11. Pursuant office or agent. 1 a SIGNATURE 22. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD ST. STE GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D DANIEL, C B	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au action 617.0503, Flor ORS DELETE DELETE	Registered / 13. 1.1 TITE 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAN 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAN 3.3 STF 3.4. CIT 4.1 TITL 5.3 STF 5.3 STF	agent signature i agent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition to a r	ition ition
1. Pursuant office or agent. 1 a SIGNATURE 2. TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD STREET GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D DANIEL, C B 104 N MAIN ST	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au ction 617.0503, Flor ORS DELETE DELETE DELETE	State State Registered / 13. 1.1 TITE 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITL 2.1 TITL 2.2 NAN 3.3 STF 3.4 CIT 4.1 TITL 4.3 STF 4.4 CIT 5.3 STF 5.4 CIT 5.3 STF 5.4 CIT 5.1 TITL 5.2 NAN	agent signature i gent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition and the appointment as registered additional additional accept the appointment as registered additional additional accept the appointment as registered additional accept the accept the appointment accept the appointment accept the acc	ition ition ition
11. Pursuant office or agent. 1 a SIGNATURE 12. ITLE IAME TREET ADDRESS iTY-ST-ZIP ITLE IAME ITREET ADDRESS iTY-ST-ZIP ITLE IAME ITREET ADDRESS iTY-ST-ZIP ITLE IAME ITREET ADDRESS iTY-ST-ZIP ITLE IAME ITREET ADDRESS iTY-ST-ZIP ITLE IAME ITREET ADDRESS iTY-ST-ZIP ITLE IAME	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D HILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD ST. STE GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D DANIEL, C B 104 N MAIN ST GAINESVILLE FL 32601	State of Florida. S obligations of, Se erred agent and title if app RS AND DIRECT	Such change was au ction 617.0503, Flor ORS DELETE DELETE DELETE	State State Registered / 13. 1.1 TITE 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITE 2.1 TITE 2.2 NAN 2.3 STF 3.4 CIT 3.1 TITE 3.4. CIT 4.1 TITE 4.1 TITE 5.1 TITE 5.2 NAN 5.3 STF 5.4 CIT 5.1 TITE 5.4 CIT 5.3 STF 5.4 CIT 6.1 TITE 6.3 STF 5.3 STF	agent signature i gent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition and the appointment as registered additional additional accept the appointment as registered additional additional accept the appointment as registered additional accept the accept the appointment accept the appointment accept the acc	ition ition
	to the provisions of Sections 6 registered agent, or both, in the ann familiar with, and accept the Signature, typed or printed name of regist OFFICE STD VILLEMAIRE, CAROL 620 NW 16TH AVENUE GAINESVILLE FL D PHILLIPS, WINFRED M 2770 NW 43RD ST. STE. GAINESVILLE FL D WALKER, MARK 2627 NW 43RD ST. STE. GAINESVILLE FL PD ROHRLACK, ROBERT 2770 NW 43RD ST. STE GAINESVILLE FL D DANIEL, C B 104 N MAIN ST GAINESVILLE FL 32601	State of Florida. S obligations of, Se orred agent and title if app (RS AND DIRECT) G SUITE G G	Such change was au action 617.0503, Flor MARCELETE ORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Applies Applies Registered / 13. 1.1 TITR 12 NAN 1.3 STF 1.4 CIT 1.4 CIT 2.1 TITL 2.1 TITL 2.2 NAN 2.3 STF 3.3 STF 3.4 CIT 4.1 TITL 4.3 STF 4.4 CIT 5.3 STF 5.4 CIT 5.3 STF 5.4 CIT 6.1 TITL 6.3 STF 6.4 CIT 1.1 TITL 6.3 STF 6.4 CIT	agent signature i gent signature i E E E E E E E E E E E E E	PL corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered addition and the appointment as registered additional additional accept the appointment as registered additional additional accept the appointment as registered additional accept the accept the appointment accept the appointment accept the acc	ition ition ition ition

_