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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38266** **(5)**

1. Corporation Name

VILLAGE FOUNDATION OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O J. DAVID WOOD 300 S.W. 4TH AVENUE GAINESVILLE FL 32601-6550	C/O J. DAVID WOOD 300 S.W. 4TH AVENUE GAINESVILLE FL 32601-6550

3. Date Incorporated or Qualified: **05/21/1990**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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

WOOD, J. DAVID
300 S.W. 4TH AVENUE
GAINESVILLE FL 32602
32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 32601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☐ Change ☐ Addition
NAME	WOOD, J. DAVID	12 NAME	
STREET ADDRESS	300 SW 4TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	WOOD, D.C.	22 NAME	
STREET ADDRESS	300 SW 4TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOOD, L.D.	32 NAME	
STREET ADDRESS	300 SW 4TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WOOD, WILEY D.	42 NAME	
STREET ADDRESS	300 SW 4TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WOOD, FREDRIK D	52 NAME	
STREET ADDRESS	300 SW 4TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WOOD, JODI D.	62 NAME	
STREET ADDRESS	300 S.W. 4TH AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 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: J. David Wood J. David Wood April 28th 95 904 377-5710
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000340