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Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42922** (7)

1. Corporation Name

GAINESVILLE HARVEST, INC.

Principal Place of Business

Mailing Address

**502 N.W. 75TH ST.
BOX 51
GAINESVILLE FL 32607-1676
US**

**527 EAST UNIVERSITY
GAINESVILLE FL 32604**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **502 NW 75th St.**

23 City & State

27 **Suite 51**
28 **Gainesville, FL**

24 Zip

Country

29 Zip

Country

32607

Alachua

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/09/1991

4. FEI Number

59-3067756

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Maria Gutierrez-Martin

82 Street Address (P.O. Box Number is Not Acceptable)

502 NW 75th St., Box 51

83

84 City

Gainesville

FL

85 Zip Code

32607

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

Maria Gutierrez-Martin

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

(NOTE: Registered Agent signature required when reinstating)

6/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, FRANK	
STREET ADDRESS	2239 NW 21ST AVE.	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHWICK, MARTHA	
STREET ADDRESS	2015 NW 28TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDRICK, MARTHA	
STREET ADDRESS	7805 SW 11TH PL	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, KENT	
STREET ADDRESS	P.O. BOX X140059 N/A	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUSAN PARKS
5.3 STREET ADDRESS	524 SW 43rd TERR
5.4 CITY-ST-ZIP	GAINESVILLE FL 32607

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARIA MARTIN
6.3 STREET ADDRESS	502 NW 75th St, Box 51
6.4 CITY-ST-ZIP	GAINESVILLE FL 32607

14. I hereby certify that the information supplied with this filing 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:

Martha Fishwick

4/23/98

378-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E037 (10/97)