


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90138 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42922**

1. Corporation Name

**GAINESVILLE HARVEST, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/09/1991
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3067756
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

GUTIRREZ-MARTIN, MARIA  
502 N.W. 75TH ST.  
BOX 51  
GAINESVILLE FL 32607-1676

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

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHWICK, MARTHA	1.2 NAME	
STREET ADDRESS	2015 N.W. 26TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICK, MARTHA	2.2 NAME	
STREET ADDRESS	7805 S.W. 11TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, SUSAN	3.2 NAME	
STREET ADDRESS	524 S.W. 43RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARIA	4.2 NAME	
STREET ADDRESS	502 N.W. 75TH ST., BOX 51	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607-1676	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, EVA	5.2 NAME	
STREET ADDRESS	PO BOX 100177	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNIV of FLORIDA, GAINESVILLE, FL 32610	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFINO, DOROTHY	6.2 NAME	
STREET ADDRESS	PO BOX 12549	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32604	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Dorothy Delfino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (352) 392-9020  
Date Daytime Phone #

CR2E037 (11/98)