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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43994** (5)
1. Corporation Name
GREATER JONESVILLE NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business 130 S.W. 136TH ST. NEWBERRY FL 32669 US	Mailing Address 130 S.W. 136TH STREET NEWBERRY FL 32669 US
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3. Date Incorporated or Qualified 06/18/1991	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3073133		

2. Principal Place of Business 21 1529 NW 143rd Street Suite, Apt. #, etc.	2a. Mailing Address 26 1529 NW 143rd Street Suite, Apt. #, etc.
23 GAINESVILLE City & State 24 32606 Zip 25 USA Country	27 GAINESVILLE City & State 28 32606 Zip 29 USA Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FUGE, NANCY
130 S.W. 136TH STREET
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent 81 Name CALLAHAN, HANNELORE M 82 Street Address (P.O. Box Number is Not Acceptable) 83 1529 NW 143rd STREET 84 City GAINESVILLE FL 85 Zip Code 32606

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 Hannelore M. Callahan (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HUMPHREY, GROLE
STREET ADDRESS	428 S.W. 143RD STREET
CITY-ST-ZIP	NEWBERRY FL 32669
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FUGE, NANCY
STREET ADDRESS	130 SW 136TH STREET
CITY-ST-ZIP	NEWBERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CALLAHAN, HANNELORE M.
STREET ADDRESS	1529 N.W. 143RD STREET
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> DELETE
NAME	FISHER, ERMADELL
STREET ADDRESS	13718 NW 1303 AVE
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> DELETE
NAME	D HARMS, SUSAN
STREET ADDRESS	7010 N.W. 200TH TERR.
CITY-ST-ZIP	MACHMA FL 32615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUMPHREY, CAROLE
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	ALACHUA FL 32615
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D OSTMARK, ERIC
6.3 STREET ADDRESS	1409 NW 143rd STREET
6.4 CITY-ST-ZIP	GAINESVILLE FL 32606

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: Carol Humphrey 4-11-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011949

CR2E037 (10/97)