

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45620 (4)

1. Corporation Name

PORTER'S OAKS COMMUNITY CENTER, INC.



Principal Place of Business

Mailing Address

505 NW 2ND AVENUE
P.O. BOX 2518
GAINESVILLE FL 32602
US

505 NW 2ND AVENUE
P.O. BOX 2518
GAINESVILLE FL 32602
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, ROSA B.
423 N.W. 6TH PLACE
GAINESVILLE FL 32601**

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 fee if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

WHITE, ALBERT E

STREET ADDRESS

300 E UNIVERSITY AVENUE

CITY - ST - ZIP

GAINESVILLE FL 32601

TITLE

VD

☐ DELETE

NAME

FLAMAND, G. RICHARD JR

STREET ADDRESS

4618 NW 41ST PLACE

CITY - ST - ZIP

GAINESVILLE FL 32606

TITLE

D

☐ DELETE

NAME

ANDERSON, IDELLA

STREET ADDRESS

619 SW 3RD STREET

CITY - ST - ZIP

GAINESVILLE FL 32601

TITLE

D

☐ DELETE

NAME

RICARDO, GEORGE

STREET ADDRESS

1601 SW ARCHER ROAD

CITY - ST - ZIP

GAINESVILLE FL 32608-1197

TITLE

D

☐ DELETE

NAME

WILLIAMS, RUBY

STREET ADDRESS

237 SW 6TH AVENUE

CITY - ST - ZIP

GAINESVILLE FL 32601

TITLE

D

☐ DELETE

NAME

WILLIAMS, JANIE

STREET ADDRESS

9205 NW 23RD STREET

CITY - ST - ZIP

GAINESVILLE FL 32602

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

352-955-8958

CR2E037 (12/95)