

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAY 24 PM 12:35****DOCUMENT # N51312 (9)**

1. Corporation Name

**GAINESVILLE AREA CHAMBER OF COMMERCE FOUNDATION,
INC.**

Principal Place of Business

Mailing Address

**300 E UNIVERSITY AVE
GAINESVILLE FL 32601****300 E UNIVERSITY AVE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1992

3a. Date of Last Report

07/22/1994

4. FEI Number

59-3183023

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. 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

2. Principal Place of Business

21

2a. Mailing Address

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

**MULLIGAN, RICHARD K
300 E UNIVERSITY AVE
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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MULLIGAN, RICHARD K
STREET ADDRESS	300 E. UNIVERSITY AVE.
CITY- ST - ZIP	GAINESVILLE FL 32601
TITLE	D
NAME	BOLES, JUDY
STREET ADDRESS	300 E UNIVERSITY AVE
CITY- ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	BOVAY, JOHN C.
STREET ADDRESS	300 E UNIVERSITY AVE
CITY- ST - ZIP	GAINESVILLE FL
TITLE	SD
NAME	MURPHY, MELISSA JAY
STREET ADDRESS	300 E UNIVERSITY AVE
CITY- ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	DEARING, STEPHEN M.
STREET ADDRESS	300 E UNIVERSITY AVE
CITY- ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WOODY, ROBERT
STREET ADDRESS	300 E. UNIVERSITY AVE.
CITY- ST - ZIP	GAINESVILLE FL 32601

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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: Richard K. Mulligan**904-334-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number