

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



DOCUMENT # N92000000691 (7)

GAINESVILLE KODOKAI AIKIDO ASSOCIATION, INC.

DATE OF FILING: 4/30/95

REGISTERED OFFICE:
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
1215 NW 5TH AVE GAINESVILLE FL 32601		1215 NW 5TH AVE GAINESVILLE FL 32601	
2. Principal Place of Business		2a. Mailing Address	
21. State App #	26. State App #	3. Date incorporated or qualified	
22. City & State	27. City & State	3a. Date of Last Report	
23. Zip	28. Zip	4. FEI Number	
24. Name and Address of Current Registered Agent		5. Certificate of Status Desired	
PRESCOTT, MICHAEL E 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607		5. Certificate of Status Desired	
		6. Has the Corporation Expired?	
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
		8. The corporation has liability for intangible tax under S. 190.032, Florida Statutes.	
		9. Name and Address of New Registered Agent	
		10. Name and Address of New Registered Agent	
		11. Name	
		12. Street Address (P.O. Box Number is Not Acceptable)	
		13. City	
		14. State	
		15. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or principal place of business 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 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
1. NAME	DT PRESCOTT, MICHAEL E 1019 S.W. 82ND TERRACE GAINESVILLE FL 32604	1. NAME	
2. NAME	D FEASEL, MARILYN M 5825 NW 26TH TERRACE GAINESVILLE FL	2. NAME	FEASEL, MARILYN 1012 SW 82nd Ter. Gainesville FL 32607
3. NAME	D FECUSEL, MARLYNN M 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607	3. NAME	Carmine D'Agostino 5825 N.W. 26th Ter Gainesville, FL 32606
4. NAME		4. NAME	
5. NAME		5. NAME	
6. NAME		6. NAME	
7. NAME		7. NAME	
8. NAME		8. NAME	
9. NAME		9. NAME	
10. NAME		10. NAME	

14. I, the undersigned, certify that the information supplied with this filing is accurate, correct and true to the best of my knowledge and belief, and that I am an officer or director of the corporation or its manager or its authorized representative, and that my name appears in Block 12 or Block 13 of this report, or in an authorized third-party report.

SIGNATURE: _____
DATE: 4/30/95
904 ext 21
331-5115