


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90030 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000691					
1. Corporation Name GAINESVILLE KODOKAI AIKIDO ASSOCIATION, INC.					
Principal Place of Business 1019 SW 82ND TERR GAINESVILLE FL 32607 US			Mailing Address 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607 US		
2. Principal Place of Business 21 4603 N.W. 6th St. Suite, Apt. #, etc. 22 NC		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/07/1992	
23 Gainesville, FL City & State Zip 32609 Country US		28 Gainesville City & State Zip Country		4. FEI Number 59-3160730 Applied For Not Applicable	
24 32609 25 US		29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent PRESCOTT, MICHAEL E 1019 S.W. 82ND TERRACE GAINESVILLE FL 32607		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DT NAME PRESCOTT, MICHAEL E STREET ADDRESS 1019 S.W. 82ND TERRACE CITY-ST-ZIP GAINESVILLE FL 32604			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D NAME SIN, PETER STREET ADDRESS 1225 NE 5TH TERR CITY-ST-ZIP GAINESVILLE FL 32601			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D NAME D'AGOSTINO, CARMINE STREET ADDRESS 5825 NW 26TH TERR CITY-ST-ZIP GAINESVILLE FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99 352-331-1291