

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 # N93000002365 (5)

1. Corporation Name

PLEASANT PLACE, INC.



Principal Place of Business

Mailing Address

**1721 NE 75TH STREET
GAINESVILLE FL 32601**

**1721 NE 75TH STREET
GAINESVILLE FL 32601**

32641

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

11/16/1995

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

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

11 TITLE ☐ Change ☒ Addition

NAME **P**
GRIFFIN, CAROLYN
STREET ADDRESS **1721 NE 75TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

12 NAME **P**
PAM FEASTER
13 STREET ADDRESS **1721 NE 75TH STREET**
14 CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☒ DELETE

21 TITLE ☐ Change ☒ Addition

NAME **V**
ROGERS, ROBIN
STREET ADDRESS **9712 S.W. 52 LANE**
CITY-ST-ZIP **GAINESVILLE FL**

22 NAME **V**
RILEY, RHONDA
23 STREET ADDRESS **425 N.E. 6th STREET**
24 CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☒ DELETE

31 TITLE ☒ Change ☐ Addition

NAME **S**
BELL, SUSANNAH
STREET ADDRESS **4226 N.W. 14TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

32 NAME **S**
GRIFIN, CAROLYN
33 STREET ADDRESS **308 SE 44th STREET**
34 CITY-ST-ZIP **GAINESVILLE, FL 32641**

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME **T**
GRAHAM, APPIE
STREET ADDRESS **5922 NW 28TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
500001829195
-05/20/96--01041--037
***61.25

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

352-378-8797

CR2E037 (12/95)