

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002365

1. Corporation Name

PLEASANT PLACE, INC.

Principal Place of Business

732 N.W. 4TH ST
GAINESVILLE FL 32601
US

Mailing Address

P.O. BOX 2341
GAINESVILLE FL 32602
US

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90074 049 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/24/1993

4. FEI Number

59-3171585

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

9. Name and Address of Current Registered Agent

DEEGAN, TIMOTHY
2531-A3 N.W. 41ST STREET
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

Louise Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

4010 NW 25 PLACE

83

84 City

Gainesville

FL

85 Zip Code

32606

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

Louise Anderson

(NOTE: Registered Agent signature required when reinstating)

4/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
FEASTER, PAM
STREET ADDRESS 1721 NE 75TH STREET
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☒ DELETE

NAME VD
SMITH, B
STREET ADDRESS POB 450
CITY-ST-ZIP GAINESVILLE FL 32602

TITLE ☒ DELETE

NAME SD
ARNOLD, M
STREET ADDRESS POB 142214
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE ☒ DELETE

NAME TD
DEEGAN, TIMOTHY
STREET ADDRESS 2531-A3 N.W. 41ST STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

VD

PATRICIA LEE

P O BOX 934

Alachua FL 32616-0934

SD

MARY WARREN

4137 NW 33 PI

GAINESVILLE FL 32606

TREASURER/DIRECTOR

LOUISE H. ANDERSON

4010 NW 25 PLACE

GAINESVILLE FL 32606

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:

Louise Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

DATE

352-372-6300

Daytime Phone #

CR2E037 (11/98)