

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90001 029 ****61.25

DOCUMENT # N93000002365					
1. Entity Name PLEASANT PLACE, INC.					
Principal Place of Business 732 N.W. 4TH ST GAINESVILLE, FL 32601 US			Mailing Address P.O. BOX 5092 GAINESVILLE, FL 32627 US		
2. Principal Place of Business		3. Mailing Address 408 W. UNIVERSITY AVE Suite, Apt. #, etc. SIXTH FLOOR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State GAINESVILLE, FL		4. FEI Number 59-3171585	
Zip		Zip 32601		Country US	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, LOUISE 4010 NW 25 PLACE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name STUART PALMER Street Address (P.O. Box Number is Not Acceptable) 3870 NW 83RD ST City GAINESVILLE FL Zip Code 32606		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MARTIN, TELISHA S STREET ADDRESS 4425 NW 44TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE CH NAME STUART PALMER STREET ADDRESS 3870 NW 83RD ST CITY-ST-ZIP GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME ANDERSON, LOUISE STREET ADDRESS 4010 NW 25TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete		TITLE VCH NAME DOROTHY FERGUSON STREET ADDRESS 4123 NW 16TH DRIVE CITY-ST-ZIP GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME GORDON, SHANNON STREET ADDRESS 710 NE 5TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete		TITLE S NAME LAUREN DEAN STREET ADDRESS 1014 NE 9TH ST CITY-ST-ZIP GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME FLORIDA BRIDGEWATER-ALFORD STREET ADDRESS 207 TIGERT HALL CITY-ST-ZIP GAINESVILLE, FL 32611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			31 Aug 04 352-372-5375 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment



408 W University Avenue, 6th Floor
Gainesville FL 32601
Phone: (352) 373-6993 Fax: (352) 373-6789

54072277
N93000002365

September 8, 2004

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee FL 32301

RE: 2004 Not-For-Profit Corporation Annual Report

To Whom It May Concern:

Enclosed please find the referenced document as well as our check #3842 for the filing fee in the amount of sixty-one dollars and twenty-five cents (\$61.25).

Regards,

Mortlake Nembhard
for Mortlake Nembhard
Executive Director

/hac

Enclosures

cc: File

*Program services are provided by: US Department of Housing & Urban Development;
Florida Department of Children & Families; United Way; The Blue Foundation; and private donations*



United Way
of North Central Florida