

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003204

FILED
Jan 18, 2008
Secretary of State

Entity Name: FLETCHER'S MILL ASSOCIATION, INC.

Current Principal Place of Business:

4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Current Mailing Address:

4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

FEI Number: 59-3228532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
C/O MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TRIPPE, PAT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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.

SIGNATURE:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CANNON, EARL
Address: 925 NW 114TH WAY
City-St-Zip: GAINESVILLE, FL 32606 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: BRAMBLE, JIM
Address: 11662 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Change (X) Addition
Name: TRUELOVE, THERESE
Address: 1308 NW 117TH TERRACE
City-St-Zip: GAINESVILLE, FL 32614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL CANNON

P

01/18/2008

Electronic Signature of Signing Officer or Director

Date