

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001383

FILED
Jan 05, 2004
Secretary of State

Entity Name: ALACHUA COUNTY MBE AD ASSOCIATION, INC.

Current Principal Place of Business:

2603 NW 13TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2603 NW 13TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3231254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIDWELL, JERRY C
2603 NW 13TH STREET
GAINESVILLE, FL 32609

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIDWELL, JERRY C
Address: 2603 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: SD () Delete
Name: GWIN, CAROL
Address: 4421 NW BLIGHTON RD
City-St-Zip: OCALA, FL 34482

Title: T () Delete
Name: GATSON, BRENDA
Address: 5200 NW 43RD STREET, STE 102
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: FRANCELLA, TOM
Address: 5745 SW 75TH ST
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JERRY C. TIDWELL

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date