FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



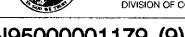
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:



1990							
DOCUI	MENT # N9500 (0001179 (9)					
THE G	AINESVILLE CENTER FOR F	POSITIVE LIVING, INC.			à 18 Bhia B. (Sin 16 (6) Bini 18 bia (6 4	II 66 101 68 211 6616 1 1/66	hi (283) (8818 5811 (885)
6: 15	(B)						
Principal Place	e of Business	Mailing Address), (0 5), (05), (15),
731 NE 9TH GINESVILLE		731 NE 9TH ST GINESVILLE FL 32601					
					3. Date Incorporated or Qualified 03/13/1995	3a. Date of L	
	ace of Business	2a. Mailing Address	-th o -		4. FEI Number		Applied For
Suite, Apt	N.W. 21 AVE	26 15 35 N.W. 5	oth Ave.		59-33256	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		į	5. Certificate of Status Desired	11 7	.75 Additional See Required
City & State	INESVILLE FL	City & State	E FL		Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zin	03 Country	29 Zip 3 2 0 6 3 3	Country		8. This corporation has liability for		
27	9. Name and Address of Current		<u> </u>		10. Name and Address of New F		
			81 Name	RE	HTH, ANN		
HEMP, MARJORIE E				Address	N. W. 5 Ave. #	ole)	
731 NE 9TH ST			83 15.	<u> 35</u>	N.W. 5" AVE. #	: 7	
GINESV	ILLE FL 32601						
			84 City	3AIN	JESVILLE	FL 85	Zp Code 3 206 360
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes, t	he above-named co	orporation	on submits this statement for the pu	rpose of changing	its registered office
familiar wi	red agent, or both, in the State of Florida ith and accept the obligations of, Section	n 617.0503, Florida Statutes.	y the corporation's	s Doard C	or unactors, i hereby accept the app	omment as registe	areo agent. i am
SIGNATURE	Signature, typed or printed name of registeres agent as	nd title if explicable AlOTE: E	legistered Agent signature r	roculred ut	en muchatinat	4/1/96	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	CTORS IN 12
TITLE	D	™ DELETE	1.1 TITLE	PM	PRESIDENT	E Char	nge 🔲 Addition
NAME	HEMP, MARJORIE E		1.2 NAME	A	NN REHTH 35 N.W. 5 HAUE		
STREET ADDRESS	731 NE 9TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	GAINESVILLE FL 32601	DELETE	1.4 City-St-ZiP 2.1 Title	1 6 F	FINESVILLE FL	32603 TiChar	nge Addition
NAME	D WOODS, VICTORIA M REV	Deterie	2.2 NAME			ona	iåc 🗂 vaavion
STREET ADDRESS	RT 2 BOX 751-D		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE BUTLER FL 32054		2. 4 City-St-ZiP				
TITLE	D	DELETE	3.1 TITLE			☐ Char	nge 🔲 Addition
NAME	HIGGINS, LUCY M		3.2 NAME				
STREET ADDRESS	RT 2 BOX 751-D		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D LAKE BUTLER FL 32054	⊠ DELETE	3.4. CITY+ST-ZIP 4.1 TITLE			☐ Char	nge Addition
NAME	BELL, NANCY L	_	4. 2 NAME				_
STREET ADDRESS	4000 SW 47TH ST #F-11		4.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32608		4.4 CiTY+ST+ZiP	ļ			
TITLE		DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME CIDEET ADDRESS			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip				
TITLE		DELETE	6.1 TITLE	1		☐ Char	nge Addition
NAME			6.2 NAME	-		_	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	L		6 4 CITY-ST-ZIP	<u></u>			
certify that	by certify that the information supplied with the information indicated on this annual	il report or supplemental annual i	report is true and ac	ccurate a	and that my signature shall have the	same legal effect	as if made under
l path: that	I am an officer or director of the corpora n Block 12 or Block 13 if changed, or pr	ation or the receiver or trustee en	npowered to execut	rte this re	eport as required by Chapter 617, F	lorida Statutes; and	that my name

SIGNING OFFICER OR DIRECTOR

4/7/96 Date

Daytime Phone #