

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001179 (9)**

1. Corporation Name

THE GAINESVILLE CENTER FOR POSITIVE LIVING, INC.



Principal Place of Business

Mailing Address

731 NE 9TH ST
GAINESVILLE FL 32601

731 NE 9TH ST
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report
NA

2. Principal Place of Business
21 **1535 N.W. 21 AVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1535 N.W. 5th Ave.**
Suite, Apt. #, etc.

4. FEI Number
59-3325661

Applied For
Not Applicable

22
City & State
23 **GAINESVILLE FL**

27
City & State
28 **GAINESVILLE FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32603** 25 Country **USA**

29 Zip **32603** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEMP, MARJORIE E
731 NE 9TH ST
GAINESVILLE FL 32601

81 Name **REHTH, ANN**
82 Street Address (P.O. Box Number is Not Acceptable)
1535 N.W. 5th Ave. #7
83
84 City **GAINESVILLE** FL 85 Zip Code **32603**

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

[Signature]

4/7/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMP, MARJORIE E	
STREET ADDRESS	731 NE 9TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, VICTORIA M REV	
STREET ADDRESS	RT 2 BOX 751-D	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIGGINS, LUCY M	
STREET ADDRESS	RT 2 BOX 751-D	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELL, NANCY L	
STREET ADDRESS	4000 SW 47TH ST #F-11	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIARY PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANN REHTH	
1.3 STREET ADDRESS	1535 N.W. 5th AVE	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32603	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]

4/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)