

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N97000005854 (1)**

1. Corporation Name

EAST GAINESVILLE DEVELOPMENT TASK FORCE, INC.



Principal Place of Business

Mailing Address

**131 S.E. 10TH AVENUE
GAINESVILLE FL 32601**

**POST OFFICE BOX 802
GAINESVILLE FL 32602-0802**

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3481458

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 300 E. UNIV.
Suite, Apt. #, etc.

26 P.O. Box 602
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

Zip

Zip

24 32601

29 32602

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENRY, SCHERWIN L
2336 N.E. 3RD PLACE
GAINESVILLE FL 32641**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HENRY, SCHERWIN L**
STREET ADDRESS **2336 N.E. 3RD PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32641**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ORLANDO, ANNE M**
STREET ADDRESS **1711 S.W. 43RD AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JENNINGS, ED JR.**
STREET ADDRESS **1003 N.E. 23RD STREET**
CITY-ST-ZIP **GAINESVILLE FL 32641**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WARINNER, WILLIAM E**
STREET ADDRESS **306 N.E. 5TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CALKINS, KEIFER**
STREET ADDRESS **205 N.E. 6TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32601**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **THOMAS M. VETICA**
5.3 STREET ADDRESS **644 NE 9TH AVE**
5.4 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☐ DELETE
NAME **PETOKIN, FREDERICK**
STREET ADDRESS **2511 N.W. 30TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

5-31-98 352-392-3553

CR2E037 (1097)