

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005854

1. Corporation Name

EAST GAINESVILLE DEVELOPMENT TASK FORCE, INC.

Principal Place of Business

300 E UNIV
GAINESVILLE FL 32601
US

Mailing Address

P.O. BOX 602
GAINESVILLE FL 32602-C602
US

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90026 050 ****70.00

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3481458

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

William E Warinner

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

306 NE 5th Ave

83

84 City

Gainesville F

FL

85 Zip Code

32601

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

23 APRIL 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENRY, SCHERWIN L
STREET ADDRESS 2336 N.E. 3RD PLACE
CITY-STATE-ZIP GAINESVILLE FL 32641

TITLE D ☒ DELETE

NAME ORLANDO, ANNE M
STREET ADDRESS 1711 S.W. 43RD AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE D ☐ DELETE

NAME JENNINGS, ED JR.
STREET ADDRESS 1003 N.E. 23RD STREET
CITY-STATE-ZIP GAINESVILLE FL 32641

TITLE D ☐ DELETE

NAME WARINNER, WILLIAM E
STREET ADDRESS 306 N.E. 5TH AVENUE
CITY-STATE-ZIP GAINESVILLE FL 32601

TITLE D ☒ DELETE

NAME VETICA, THOMAS M
STREET ADDRESS 644 NE 9TH AVE
CITY-STATE-ZIP GAINESVILLE FL 32601

TITLE D ☒ DELETE

NAME PETOKIN, FREDERICK
STREET ADDRESS 2511 N.W. 30TH TERRACE
CITY-STATE-ZIP GAINESVILLE FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

Janet Kreischer
1110 NE 5th Place
Gainesville, FL 32601

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

Marie Small
809 SE 20th Street
Gainesville, FL 32641

6.1 TITLE Director ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

David Anuska
3836 NW 31 Place
Gainesville FL 32606

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia S. [Signature] 4/23/99 (352) 377-1911

CR2E037 (11/98)