07091999-90017-032-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT -1 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

585356 - 90017 - 32

DOCUMENT # N97000006676

1. Corporation Name
THE BAIRD CENTER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 619 SOUTH MAIN STREET<br>GAINESVILLE FL 32601 | 619 SOUTH MAIN STREET<br>GAINESVILLE FL 32601 |

2. Principal Place of Business
1
Suite, Apt. #, etc.
2
City & State
3
Zip 4 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27 SUITE K
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
11/26/1997

4. FEI Number
59-3483856
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

MURPHY, MELISSA JAY
703 N.E. 1ST STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS, KINNON | | 1.2 NAME | | |
| STREET ADDRESS | 619 SOUTH MAIN STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☑ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUEGGER, TERRY | | 2.2 NAME | | |
| STREET ADDRESS | 619 SOUTH MAIN STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | ☑ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SAPP, DAVID | | 3.2 NAME | | |
| STREET ADDRESS | 619 SOUTH MAIN STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHITAMA, GLENN A | | 4.2 NAME | | |
| STREET ADDRESS | 619 SOUTH MAIN STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHITAMA, CELESTE | | 5.2 NAME | | |
| STREET ADDRESS | 619 S. MAIN STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32601 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | TS | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-6-99 352-336-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)