

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90030 038 ****61.25

40005787



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOODY, C. GARY
500 E UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MOODY, C. GARY
STREET ADDRESS	500 E. UNIVERSITY AVENUE, STE. A
CITY - ST - ZIP	GAINESVILLE, FL 32601
TITLE	TD
NAME	MORROW, DAVID L
STREET ADDRESS	6216 NW 53 TERR
CITY - ST - ZIP	GAINESVILLE, FL 32653
TITLE	VPD
NAME	WETHERINTON, CHERYL
STREET ADDRESS	18031 SOUTH COUNTY RD 325
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	PD
NAME	GURT, JAMES
STREET ADDRESS	3145 SW 103RD ST
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	P/D
NAME	Sherwin Karsh
STREET ADDRESS	5918 CR 218
CITY - ST - ZIP	Melrose, FL 32666
TITLE	VP/D
NAME	Vicky Quinn
STREET ADDRESS	500 N.W. 102 nd Terrace
CITY - ST - ZIP	Gainesville, FL 32607

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Gary Moody* Secretary C. GARY Moody

1-14-08 352 373 6791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #