## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N99000004696

1. Entity Name FORT CLARKE BUSINESS CENTER ASSOCIATION, INC.



40100010

**FILED** 

May 12, 2008 8:00 am Secretary of State

05-12-2008 90025 038 \*\*\*\*61.25

Principal Place of Business 4400 NW 36TH AVENUE GAINESVILLE, FL 32606 Mailing Address 4400 NW 36TH AVENUE GAINESVILLE, FL 32606

2. Principal Pace of Bysiness - No. P.O. Box # 500 NW 43rd Street 500 NW 43rd NW 43rd Address of NW 43rd Add	GAINESVILLE	, FL 32606		GAIN	ESVILLE, FL 3260						
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Suite, Apr. H. etc.]  Suite Apr. H. etc.]  Suite Apr. H. etc.]  CDN A Suite  CDN A				ing Address 4	3rd Street	-					
Security	Suite, Apt. #, etc.						ng-NP	CR2E037 (12/06)			
TRIPPE, PAT 4400 NW 36TH AVENUE GAINESVILLE, FL 32606  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 Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent, or both, in the S	Gainesville FL Gainesville			Ga	y & State Linesuil	le FL	1 92 0560920				
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Tilling Fee is \$61.25   Due by May 1, 2008   Diection Campaign Financing Trust Fund Contribution.   S	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  SIGNATURE										
Due by May 1, 2008	Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating)										
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12 I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 11B. Florida Statutos, Lifether continue that the information	NAME STREET ADDRESS				∟ Delete	NAME STREET ADDRESS			∐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 352 332-1182