

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 021 ****70.00

DOCUMENT # N99000005313

1. Entity Name
THE PRESERVE, INC.



Principal Place of Business
**3687 NW 16TH BLVD
GAINESVILLE, FL 32605**

Mailing Address
**P.O. BOX 357116
GAINESVILLE, FL 32635**

40001306



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3658304

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, NORMA
1012 N.W. 42ND DRIVE
GAINESVILLE, FL 32605**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **EARLY, MAXINE**
STREET ADDRESS **P.O. BOX 5433**
CITY-ST-ZIP **GAINESVILLE, FL 32627**

TITLE **Director** ☐ Change ☒ Addition
NAME **Nkwanda Jah**
STREET ADDRESS **1112 NE 2nd St**
CITY-ST-ZIP **Gainesville FL 32601**

TITLE **D** ☐ Delete
NAME **MONAHAN, GAIL**
STREET ADDRESS **703 N.E. 1ST STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **Col. Emory Gainoy** ☐ Change ☒ Addition
NAME **2621 S.E. Hawthorne Rd**
STREET ADDRESS **Gainesville FL 32641** **Director**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCARTHUR, SHELTON**
STREET ADDRESS **2936 N.E. 19TH DRIVE, #C**
CITY-ST-ZIP **GAINESVILLE, FL 32602**

TITLE **Director** ☐ Change ☒ Addition
NAME **Allison Thompson**
STREET ADDRESS **901 NW 8th Ave Suite 0-5**
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **D** ☐ Delete
NAME **JONES, TONY**
STREET ADDRESS **721 N.W. 6TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MASON, TOM**
STREET ADDRESS **3000 NW 83RD ST**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAMPBELL, GUSSIE**
STREET ADDRESS **3531 N.W. 41ST TERR.**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gail Monahan

Gail Monahan

1/8/07

352-372-2549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #