

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005313

FILED
Jan 05, 2012
Secretary of State

Entity Name: THE PRESERVE, INC.

Current Principal Place of Business:

3687 NW 16TH BLVD
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357116
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-3658304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MAXINE E MRS
1442 NE 20TH AVE.
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

DICKSON, GLENN W DR
3644 NW 12 AVENUE
GAINESVILLE, FL 32605 US

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.

SIGNATURE: DR. GLENN W. DICKSON

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREEN, NORMA MRS
Address: 1012 NW 42 DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: T
Name: DICKSON, GLENN W DR
Address: 3644 NW 12TH AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: S
Name: COLVERSON, KATHY DR
Address: 3202 SE 29 LANE
City-St-Zip: GAINESVILLE, FL 32641 US

Title: D
Name: WILLIAMS, GEORGE
Address: 3938 NW 62 LANE
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D
Name: MUTCH, SAM PA
Address: 324 NW 29 STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: EASTERLING, PAMELA MRS
Address: P O BOX 1173
City-St-Zip: MELROSE, FL 32666 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. GLENN W. DICKSON

T

01/05/2012

Electronic Signature of Signing Officer or Director

Date