

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085953 (4)

1. Corporation Name

NTA FOUNDATION, INC.



Principal Place of Business

Mailing Address

1102 NORTHWEST 3RD AVENUE, UNIT A
GAINESVILLE FL 32601

1102 NORTHWEST 3RD AVENUE, UNIT A
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 EAST UNIVERSITY

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23 GAINESVILLE FL

24

Zip

Country

28

Zip

Country

32601

25 ALACHUA

29

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Adrian Gerretson
Signature, typed or printed name of registered agent and title if applicable

ADRIAN GERRETSON

PRESIDENT

4/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GERRETSON, ADRIAN C
STREET ADDRESS 1102 NORTHWEST 3RD AVENUE, UNIT A
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE VTD ☐ DELETE
NAME KUBISEK, TED
STREET ADDRESS 1102 NORTHWEST 3RD AVENUE, UNIT A
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE VSD ☐ DELETE
NAME NOI SAWANGSRI, CHOOMPORN
STREET ADDRESS 1102 NORTHWEST 3RD AVENUE, UNIT A
CITY- ST- ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adrian Gerretson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN GERRETSON

4/21

(904) 373-9441

Date

Daytime Phone #

CR2E034 (12/95)