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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6 EAST UNIVERSITY  
GAINESVILLE FL 32601  
US

Mailing Address

1102 NORTHWEST 3RD AVENUE, UNIT A  
GAINESVILLE FL 32601-4913



2. Principal Place of Business

21 6 EAST UNIVERSITY AVE

Suite, Apt. #, etc.

22 -

23 GAINESVILLE FL

24 32601

25 USA

2a. Mailing Address

26 6 EAST UNIVERSITY AVE

Suite, Apt. #, etc.

27 -

28 GAINESVILLE FL

29 32601

30 USA

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3357582

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

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

10. Name and Address of New Registered Agent

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  
officer 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME NOI SAWANGSRI CHOOMPORN  
1.3 STREET ADDRESS 6 EAST UNIV AVE  
1.4 CITY-ST-ZIP GAINESVILLE FL 32601

2.1 TITLE VTD  
2.2 NAME KUBISEK TED  
2.3 STREET ADDRESS 6 EAST UNIV AVE  
2.4 CITY-ST-ZIP GAINESVILLE FL 32601

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Daytime Phone #

0066067

CR2E034 (9/96)