## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 745607** 

Entity Name: THOMAS CENTER ASSOCIATES, INC.

**Current Principal Place of Business:** 

302 NE 6TH AVE

GAINESVILLE, FL 32604-9752

**Current Mailing Address:** 

P.O. BOX 12752

GAINESVILLE, FL 32604-9752 US

FEI Number: 59-1874171 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEBB, NANCY J. 3806 SW 5TH PL

GAINESVILLE, FL 32607 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: NANCY J. WEBB 02/09/2017

Electronic Signature of Registered Agent

Date

Date

**FILED** Feb 09, 2017

**Secretary of State** 

CC5594484771

Officer/Director Detail:

SECRETARY, DIRECTOR DIRECTOR, TREASURER Title Title

LAMAR, CLAIRE Name WEBB, NANCY J Name **421 NE 4TH STREET** Address 3806 SW 5TH PL Address

City-State-Zip: GAINESVILLE FL 32607 GAINESVILLE FL 32601 City-State-Zip:

Title VICE-PRESIDENT Title **PRESIDENT** Name KRAMER, SANDY RADSON, ELLYN Name Address 1724 SW 85 DRIVE Address **739 NW 23 STREET** 

GAINESVILLE FL 32607 City-State-Zip: City-State-Zip: GAINESVILLE FL 32607

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.

02/09/2017 SIGNATURE: NANCY J. WEBB **TREASURER**