

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720422 (5)

1. Corporation Name

BOYS & GIRLS CLUB OF ALACHUA COUNTY, INC.



Principal Place of Business

Mailing Address

1227 NW 16 AVENUE
P.O. BOX 532
GAINESVILLE FL 32609-3574

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P.O. BOX 532
GAINESVILLE FL 32609-3574

3. Date Incorporated or Qualified

02/26/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2700 NW 51st Street**

26 **P.O. Box 532**

4. FEI Number

59-6002181

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Gainesville, FL

Gainesville, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

32606

32602

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

**LANE, JERRY R.
2700 NW 51ST STREET
GAINESVILLE FL 32601**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, NEELY	
STREET ADDRESS	3725 NW 53RD TER.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KRAFT, PETER	
STREET ADDRESS	3525 NW 97TH BLVD.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GALLATI, TODD	
STREET ADDRESS	1118 SW 82ND TR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DUNMIRE, JEFF	
STREET ADDRESS	2018 SW 83RD CT	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SKILES, JIM	
STREET ADDRESS	1605 NW 71ST ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	TURBYFILL, ERNIE JR.	
STREET ADDRESS	605 NW 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

Date

Daytime Phone #

CR2E037 (12/95)