

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:55**

DOCUMENT # 763669 (9)

**1. Corporation Name
ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE**

Principal Place of Business Mailing Address
2711 NW 6TH ST STE C GAINESVILLE FL 32609
2711 N.W. 6TH ST. SUITE C GAINESVILLE FL 32609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1982** 3a. Date of Last Report **02/24/1994**
4. FBI Number **59-2220958** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$88.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MARK MARON
2711 N.W. 6TH ST.
SUITE C
GAINESVILLE FL 32609**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MARON	1.2 NAME	D Helen Mamarchev
STREET ADDRESS	2711 NW 6TH ST SUITE C	1.3 STREET ADDRESS	4507 NW 32 Avenue
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LOVETTA	2.2 NAME	D Gabriel Dupre
STREET ADDRESS	4408 NW 44TH PLACE	2.3 STREET ADDRESS	6717 NW 53 Terrace
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	Gainesville, FL 32606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, JAMES	3.2 NAME	
STREET ADDRESS	4718 RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	YANKEETOWN FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, KARL	4.2 NAME	
STREET ADDRESS	1218 NW 9TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, JOSEPH, T. Jr.	5.2 NAME	
STREET ADDRESS	5825 NW 26TH TERR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKETTY, VINCENT	6.2 NAME	
STREET ADDRESS	2101 NW 54TH TERR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	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)(b), 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 addition.

SIGNATURE: *Joseph T. Barron* 3/16/95 (904) 334-1604
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR