

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 # 763669 (9)

1. Corporation Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE



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

3. Date Incorporated or Qualified: 06/15/1982
3a. Date of Last Report: 04/05/1995
4. FEI Number: 59-2220958
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: MARK, MARION, 2711 N.W. 6TH ST. SUITE C, GAINESVILLE FL 32609
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MAMARCHEV, HELEN	1.1 TITLE: D	NAME: Lovetta Smith
STREET ADDRESS: 4507 NW 32 AVENUE	CITY-ST-ZIP: GAINESVILLE FL 32606	1.2 NAME: Lovetta Smith	1.3 STREET ADDRESS: 4408 NW 44 Place
		1.4 CITY-ST-ZIP: Gainesville, FL 32605	
TITLE: D	NAME: DUPRE, GABRIEL	2.1 TITLE: D	NAME: Ronald Leslie
STREET ADDRESS: 6717 NW 53 TERRACE	CITY-ST-ZIP: GAINESVILLE FL	2.2 NAME: Ronald Leslie	2.3 STREET ADDRESS: 4405 SW 67 Terrace
		2.4 CITY-ST-ZIP: Gainesville, FL 32608	
TITLE: TD	NAME: MCCLURE, JAMES	3.1 TITLE: D	NAME: H. Lee Greenway
STREET ADDRESS: 4718 RIVERSIDE DRIVE	CITY-ST-ZIP: YANKEETOWN FL	3.2 NAME: H. Lee Greenway	3.3 STREET ADDRESS: 4331 NW 27 Drive
		3.4 CITY-ST-ZIP: Gainesville, FL 32605	
TITLE: PD	NAME: THORNE, KARL	4.1 TITLE:	
STREET ADDRESS: 1216 NW 9TH AVE.	CITY-ST-ZIP: GAINESVILLE FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: BARRON, JOSEPH	5.1 TITLE:	
STREET ADDRESS: 5525 NW 26TH TERR.	CITY-ST-ZIP: GAINESVILLE FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: SD	NAME: MCKETTY, VINCENT	6.1 TITLE:	
STREET ADDRESS: 2101 NW 54TH TERR	CITY-ST-ZIP: GAINESVILLE FL	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: *Mark Marion* 23 April 1996 (352) 334-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)