

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/15/1982	
4. FEI Number 59-2220958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Zip
24 Country	29 Country
25	30

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAMARCHEV, HELEN	1.2 NAME	Director
STREET ADDRESS	4507 NW 32 AVENUE	1.3 STREET ADDRESS	Connie Houchen
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	4207 N.W. 32nd Avenue
TITLE	D VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE, RONALD	2.2 NAME	Director
STREET ADDRESS	4405 SW 67 TERRACE	2.3 STREET ADDRESS	Dexter Martin
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	4027 N.W. 19th Street
TITLE	D PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENWAY, LEE	3.2 NAME	Director
STREET ADDRESS	4331 NW 27TH DRIVE	3.3 STREET ADDRESS	Tom Hardeman
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	1020 N.W. 6th Street
TITLE	PD-D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, KARL	4.2 NAME	Gainesville, FL 32601
STREET ADDRESS	1216 NW 9TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD-T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKETTY, VINCENT	5.2 NAME	
STREET ADDRESS	2101 NW 54TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Greenway, Jr. *X* *W. Lee Greenway, Jr.* (352) 334-1604

CR2E037 (10/97)