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**Mar 10, 1999 8:00 am**  
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03-10-1999 90070 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 763669

1. Corporation Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE

Principal Place of Business  
 2711 NW 6TH ST STE B  
 GAINESVILLE FL 32609

Mailing Address  
 2711 N.W. 6TH ST.  
 SUITE C  
 GAINESVILLE FL 32609  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 06/15/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2220958

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARK, MARION  
 2711 N.W. 6TH ST.  
 SUITE C  
 GAINESVILLE FL 32609

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 D  DELETE  
 NAME MAMARCHEV, HELEN  
 STREET ADDRESS 4507 NW 32 AVENUE  
 CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE Director  Change  Addition  
 1.2 NAME Martin, Dexter  
 1.3 STREET ADDRESS 4027 N.W. 19th Street  
 1.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE VP  DELETE  
 NAME LESLIE, RONALD  
 STREET ADDRESS 4405 SW 67 TERRACE  
 CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE Treasurer  Change  Addition  
 2.2 NAME Tom Hardeman  
 2.3 STREET ADDRESS 1020 N.W. 6th Street  
 2.4 CITY-ST-ZIP Gainesville, FL 32601

TITLE PD  DELETE  
 NAME GREENWAY, LEE  
 STREET ADDRESS 4331 NW 27TH DRIVE  
 CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME THORNE, KARL  
 STREET ADDRESS 1216 NW 9TH AVE.  
 CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE T  DELETE  
 NAME MCKETTY, VINCENT  
 STREET ADDRESS 2101 NW 54TH TERR  
 CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME HOUCHEN, CONNIE  
 STREET ADDRESS 4207 NW 32ND AVE  
 CITY-ST-ZIP GAINESVILLE FL 32605

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *Lee Greenway, Jr.* LEE GREENWAY, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)