

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003755

FILED
Jan 12, 2011
Secretary of State

Entity Name: THE ADVISORY COUNCIL FOR THE FOSTER GRANDPARENT PROGRAM OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

218 SE 24TH STREET
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

218 SE 24TH STREET
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 22-3929267 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERGER, NORMA
218 SE 24TH STREET
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CH
Name: LEE, GUSSIE
Address: 28213 NW CR 241
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: HUNTER, TOBY
Address: 3111 NW 54TH AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: TD
Name: FIELD, DOROTHY
Address: 1755 NW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: S
Name: CURRY, ELIZABETH
Address: 6105 NW 34TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: TRAGASH, JENNIFER
Address: 2715 SW 8TH DR
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: PERRY, BARBARA
Address: 913 NE 23RD ST
City-St-Zip: GAINESVILLE, FL 32641

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY FIELD

TRE

01/12/2011

Electronic Signature of Signing Officer or Director

Date