


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 026 ****61.25

DOCUMENT # N46179
 1. Entity Name
GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.



| | |
|---|---|
| Principal Place of Business 2101 N.W. 39TH AVE. GAINESVILLE, FL 32605 | Mailing Address 2101 N.W. 39TH AVE. GAINESVILLE, FL 32605 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3120455 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
CLEMENTS, RENAE
2101 N.W. 39TH AVE.
GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

| | | |
|---|--|------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALEXANDER, RUTH H. 412 S.W. 88TH TERR. GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BRYAN, ROBERT A 9518 S.W. 56TH PLACE GAINESVILLE, FL 32608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TUBB, MARILYN 3133 NW 62ND TERRACE GAINESVILLE, FL 32606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT WIGGLESWORTH, ROBERT 5619 NW 52 TERRACE GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MALLORY, JOHNNY 13411 MILLHOPPER ROAD GAINESVILLE, FL 32653 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Bryan* *Robert A. Wigglesworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/9/04 Daytime Phone # _____