

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2007  
Secretary of State**

DOCUMENT# N46179

Entity Name: GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.

**Current Principal Place of Business:**

2101 N.W. 39TH AVE.  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2101 N.W. 39TH AVE.  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-3120455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEMENTS, RENAE  
2223 NW 21ST PLACE.  
GAINESVILLE, FL 32605      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: PD      ( ) Delete  
Name: JONES, ELIZABETH  
Address: 5915 NW 27TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD      ( ) Delete  
Name: AYERS, KAY  
Address: 6222 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP      ( ) Delete  
Name: GRADDY, FRANK  
Address: 6515 NW 77TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: DT      ( ) Delete  
Name: WIGGLESWORTH, ROBERT  
Address: 11419 NW 71ST WAY  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH JONES

PD

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date