

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003755

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

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC3324954097**

**Current Principal Place of Business:**

218 SE 24TH STREET  
GAINESVILLE, FL 32641

**Current Mailing Address:**

218 SE 24TH STREET  
GAINESVILLE, FL 32641

**FEI Number: 22-3929267**

**Certificate of Status Desired: No**

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

LEE, GUSSIE CH  
218 SE 24TH STREET  
GAINESVILLE, FL 32641 US

*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: GUSSIE LEE**

**04/07/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LEE, GUSSIE CHAIRMAN  
Address 28213 NW CR 241  
City-State-Zip: ALACHUA FL 32615  
  
Title TREASURER  
Name MCKNIGHT, PHYLLIS TREASURER  
Address HEAD START FEARNESIDE FAMILY SERVICES CENTER  
3600 NE 15TH ST  
City-State-Zip: GAINESVILLE FL 32609

Title VC  
Name ALESSI, DEBORAH VICE CHAIRMAN  
Address 8225 SW 72ND PL  
City-State-Zip: GAINESVILLE FL 32606  
  
Title SECRETARY  
Name MONROE, ANGELA  
Address LOFTEN CENTER ACCEPT PROGRAM  
6630 NW 54TH DRIVE  
City-State-Zip: GAINESVILLE FL 32653

*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: PHYLLIS MCKNIGHT**

**TREASURER**

**04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date