

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003755

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC5239170087**

**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

**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**

**01/24/2017**

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**

**01/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date