FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720708 (7)

1. Corporation Name
ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.

Principal Place of Business	Mailing Address
2815 NW 13TH STREET SUITE 302OOR GAINESVILLE FL 32609-2865	2815 NW 13TH STREET SUITE 302OOR GAINESVILLE FL 32609-2865

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1971
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1458133 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

JENKINS, CATHERINE B.
2815 NW 13TH STREET
SUITE 302
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

01 Name: Carol A. Pooser, Executive Director
02 Street Address (P.O. Box Number is Not Acceptable): 2815 NW 13 Street, Suite 302
03
04 City: Gainesville FL 05 Zip Code: 32609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carol Pooser — Jan. 25, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President P	XX Change ☐ Addition
NAME	WATSON, ROABERT F	1.2 NAME	(1) Robert A. Rush	
STREET ADDRESS	620 NW 16TH AVENUE	1.3 STREET ADDRESS	726 NE First Street D	
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	SD	2.1 TITLE	President-Elect V	XX Change ☐ Addition
NAME	GANEY, KRISTI	2.2 NAME	(2) Suellen Davis	
STREET ADDRESS	P.O. BOX 1410 411 N.MAIN ST.	2.3 STREET ADDRESS	1401 NW 60 Street D	
CITY-ST-ZIP	GAINSVILLE FL 32602	2.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	3.1 TITLE	Treasurer T	XX Change ☐ Addition
NAME	WALSH, MARY	3.2 NAME	(3) George Dell	
STREET ADDRESS	620 NW 16TH AVENUE	3.3 STREET ADDRESS	633 NW 8 Avenue b	
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	ED	4.1 TITLE	Secretary	XX Change ☐ Addition
NAME	JENKINS, CATHERINE B	4.2 NAME	(4) Kathy Daughtry S D	
STREET ADDRESS	2815 NW 13TH STREET, SUITE 302	4.3 STREET ADDRESS	1116 W. University Avenue	
CITY-ST-ZIP	GAINESVILLE FL 32609-2865	4.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

$7 6/22

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] Robert A. Rush 4/27/95 904 3737566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002884