

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720708 (7)
1. Corporation Name
ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.



Principal Place of Business Mailing Address
2815 NW 13TH STREET
SUITE 30200R
GAINESVILLE FL 32609-2865
2815 NW 13TH STREET
SUITE 30200R
GAINESVILLE FL 32609-2865

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

3. Date Incorporated or Qualified 04/13/1971 3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POOSER, CAROL A
2815 NW 13TH STREET
SUITE 302
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name Carol Oyenarte
82 Street Address (P.O. Box Number is Not Acceptable) 2815 NW 13 ST - Suite 302
83
84 City Gainesville, FL. FL 85 Zip Code 32609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0505, Florida Statutes.

SIGNATURE *Carol Oyenarte*
(NOTE: Registered Agent signature required when reinstating)

1/22/96
DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME RUSH, ROBERT A
STREET ADDRESS 726 NE FIRST STREET
CITY-ST-ZIP GAINESVILLE FL 32601
TITLE VD ☐ DELETE
NAME DAVIS, SUELLEN
STREET ADDRESS 1401 NW 60 STREET
CITY-ST-ZIP GAINESVILLE FL 32605
TITLE TD ☐ DELETE
NAME DELL, GEORGE
STREET ADDRESS 633 NW 8 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601
TITLE SD ☒ DELETE
NAME DAUGHTRY, KATHY
STREET ADDRESS 1116 W UNIVERSITY AVENUE
CITY-ST-ZIP GAINESVILLE FL 32601
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PE President Elect
1.2 NAME Myra Morgan
1.3 STREET ADDRESS Room 303 Kelly Union
1.4 CITY-ST-ZIP Gainesville, FL. 32611
2.1 TITLE S Secretary
2.2 NAME Lail Morgan
2.3 STREET ADDRESS 240 S.W. 1st Street
2.4 CITY-ST-ZIP Gainesville, FL. 32601
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Suellen Davis
SIGNATURE AND TYPE PRINTED NAME OF SIGN

President

January 16, 1996
Date Daytime Phone # 352-373-3227

CR2E037 (12/95)