


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720708 (7)
1. Corporation Name
ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.



Principal Place of Business 2815 NW 13TH STREET SUITE 30200R GAINESVILLE FL 32609-2865	Mailing Address 2815 NW 13TH STREET SUITE 30200R GAINESVILLE FL 32609-2865
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/13/1971	3a. Date of Last Report 01/29/1996	4. FEI Number 59-1458133	Applied For Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	JOHN THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable)	2815 NW 13TH STREET
83	SUITE 302
84 City	GAINESVILLE
85 Zip Code	FL 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 617.0503, Florida Statutes.

SIGNATURE JOHN THOMPSON, EXECUTIVE DIRECTOR John Thompson 7/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, ROBERT A	1.2 NAME	MYRA MORGAN, N/A
STREET ADDRESS	728 NE FIRST STREET	1.3 STREET ADDRESS	PO BOX 118505, REITZ UNION, U.F.
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	GAINESVILLE, FL. 32611-8505
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PENNY JONES <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SUELLEN	2.2 NAME	4811 NW 71ST BLVD.
STREET ADDRESS	1401 NW 60 STREET	2.3 STREET ADDRESS	GAINESVILLE, FL. 32606
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <u>TD</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL, GEORGE	3.2 NAME	GEORGE DELL
STREET ADDRESS	633 NW 8 AVENUE	3.3 STREET ADDRESS	4010 NW 25TH PLACE
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	GAINESVILLE, FL. 32606
TITLE	PE <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT-ELECT <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, MYRA	4.2 NAME	ERIC JEWELL
STREET ADDRESS	ROOM 303 REITZ UNION	4.3 STREET ADDRESS	249 W. UNIVERSITY AVE., SUITE B
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL. 32601
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <u>S</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, GAIL	5.2 NAME	GAIL MONAHAN
STREET ADDRESS	240 SW 1ST STREET	5.3 STREET ADDRESS	240 SW 1ST STREET
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 JOHN THOMPSON John Thompson 7/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E037 (4/97)