FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

720708

(7)

ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.

FILED Feb 17 1998 8:00 am Secretary of State

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]						
Principal Place of Business Mailing Address													4/4// 144/
2815 NW 13TH STREET				2815 NW 13TH STREET				3.	Date Incorporated or Qualified				
SUITE 30200R Gaine8yille Fl 32809-2865				Suite 30200r Gainesville Fl 32 609- 2865					04/13/1971				
CHAINDUTIELE LE SECON EUGS				ONINED FICE 1 L DECOPEROS				4.	FEI Number			Арр	olied For
	_								59-1458133			Not	Applicable
2. Principal Place of Business				2a. Mailing Address				5.	Certificate of Status Desired				dditional
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				 _	Floation Communica Financiae			e Req	
22				27				6.	Election Campaign Financing Trust Fund Contribution			ed to I	lay Be Fees
City & State				City & State				7. Is this nonprofit corporation a homeowners association?					
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible					
		25	20	29 30		Contry		8.	Personal Property Tax due Jui		Yes	_	No
9. Name and Address of Curren								10. Name and Address of New Registered Agent					
				-		81	Name						
THOMPSON, JOHN							Street Addre	Address (P.O. Box Number is Not Acceptable)					
2815 NW 13TH ST										,			
SUME 3					İ	83							
GAINES	SVILLE FL 3	2609				84	City			F	85 A	Zip Co	ode
11. Pursuant	to the provis	ions of Sections	617.0502 and 6	17.1508, Florida Statu	ites, the at	ove.	named corpo	oration	n submits this statement for the coard of directors. I hereby acc			ng its	registered
office or agent. I a	registered ag am <u>fam</u> iliar wi	th, and accept	the State of Fibri the obligations o	na. Such change was f, Section 617.0503, F	lorida Stati	utes.	ine corporatio	on s o	poard or directors. I hereby acc	ahr ma at	ppointmen	Lasie	afligiaian
SIGNATURE	JOHN	THOMP	SON gistered agent and tille	EXECUTIVE	DIRE	270	OR signature require	hlu	HOURSON	<u> </u>	4-98		
12.	aignature, typeo		CERS AND DIREC		13.	Agen	ir siğutitirin iedolika		ADDITIONS/CHANGES TO OFF	ICERS A	ND DIREC	TORS	IN 12
TITLE	PD			DELETE	1.1 TeT	LE					Char		Addition
NAME	MORGA	n, myra			1.2 NA	ME							
STREET ADDRESS	P 0 B0	X 118505, N//	4		1.3 ST	REET A	ADDRESS						
CITY-ST-ZIP	GAINES	VILLE FL	32611-85	05	1.4 017	Y-ST	- ZIP						
TITLE	D			☐ DELETE	2.1 T(T	LE					Char	ige	Addition
NAME	JONES,				2.2 NA	ME							
STREET ADDRESS		N 71ST BLVD			2.3 STI	REET A	ADDRESS						
CITY-ST-ZIP		VILLE FL	32606	Talan in	2. 4 CI		r-zip						Addition
TITLE	10	COROC		₩ OELETE	3.1 TIT		TRE	EAS	URER 4. KRISTI MAINST		☐ Char	ıße	L Addition
NAME	DELL, G	•	-		3.2 NA		173) بريرا	AL	MAINST.				
STREET ADDRESS		N 25TH PLAC VILLE FL	E				1// /	1215	cuull P / 70/a	,			
CITY-ST-ZIP TITLE	PD	VILLE FL		□ DELEÏE	3.4. CI 4.1 TIT		00	<u> </u>	DEALT	<u> </u>	Char	108	Addition
NAME	JEWELL	FRIC		- 000010			Tr	ارن . 14.	DENT LL, ERIC LL, ERIC			•	
STREET ADDRESS	1	, etho University a	VE SUITE R		4.2 IV	REET A	NORESS 0	WEI). UNIVERSITY AV	E. 51	41TE	В	
CITY-ST-ZIP		VILLE FL	WE 00//E D		4.4 CIT	V-ST	-7IP Cm. (9 22	ESVILLE. FL	3240	n i		
TITLE	8	***************************************		DELETE	5.1 TIT		<u> </u>	7.7.70	COVIDED: 11	<u> </u>	☐ Char	nge	Addition
NAME	MONAH	AN, GAIL		.	5.2 NA		1		20000243	338	142	1	DELL
STREET ADDRESS		1ST ST					address		-02/18/98010)27{	J21	C	くえし
CITY-ST-ZIP		ی VILLE FL	32601		5.4 CIT		- ZiP		***61.25				
TITLE	EXECU	TIVE I	IRECTOR	☐ DELETE	6.1 TIT		EX	EC	UTIVE DIREC	TOR	Char	nge	Addition
NAME	TOHN	THOMPSO	N	- 4	6.2 NA	ME	175	HN	T HOMPSON		_		
STREET ADDRESS	2815N	W 13 STR	EET, Sui	TE 301	6.3 ST	REET A	ADDRESS 28	151	NW 13 STREET, SI	LITE .	302		
AITH AT THE	CAMER	WHIEF	1 201	09	6407	V 67	70 J		رخ سررورون	RA	1-14		

14. I 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 suppliemental 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.

CR2E037 (1