

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720708

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**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90134 013 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/13/1971

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

9. Name and Address of Current Registered Agent

**THOMPSON, JOHN
2815 NW 13TH ST
SUITE 302
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PD MORGAN, MYRA**
STREET ADDRESS **P O BOX 118505, N/A**
CITY-ST-ZIP **GAINESVILLE FL 32611-8505**

TITLE ☐ DELETE
NAME **D JONES, PENNY**
STREET ADDRESS **4811 NW 71ST BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ DELETE
NAME **T GANEY, KRISTI**
STREET ADDRESS **411 N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☒ DELETE
NAME **P JEWELL, ERIC**
STREET ADDRESS **249 W UNIVERSITY AVE SUITE B**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☒ DELETE
NAME **S MONAHAN, GAIL**
STREET ADDRESS **240 SW 1ST ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ DELETE
NAME **ED THOMPSON, JOHN**
STREET ADDRESS **2815 NW 13 STREET, SUITE 302**
CITY-ST-ZIP **GAINESVILLE FL 32609**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Kathy Daugherty**
1.3 STREET ADDRESS **1116 W. UNIVERSITY AVE**
1.4 CITY-ST-ZIP **GAINESVILLE, FL 32601**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **S JONES, PENNY**
2.3 STREET ADDRESS **4811 NW 71st Blvd**
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32606**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D GANEY, Kristi**
3.3 STREET ADDRESS **5901 W. NEWBERRY Rd.**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32605**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LEISHA HARRIS**
4.3 STREET ADDRESS **801 SW 2ND AVE**
4.4 CITY-ST-ZIP **GAINESVILLE, FL 32601**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T Kim Hardy**
5.3 STREET ADDRESS **P.O. Box 1616, N/A**
5.4 CITY-ST-ZIP **GAINESVILLE, FL 32602-1616**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
John Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

(352) 378-2552

Daytime Phone #

CR2E037 (1/198)