

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90027 044 ****61.25

DOCUMENT # 720708

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



Principal Place of Business
1145 NW 13TH STREET
GAINESVILLE, FL 32601

Mailing Address
1145 NW 13TH STREET
GAINESVILLE, FL 32601

2. Principal Place of Business
703 NE 1st Street
Suite, Apt. #, etc.

3. Mailing Address
703 NE 1st Street
Suite, Apt. #, etc.



07182005 Chg-NP CR2E037 (10/03)

City & State
Gainesville, FL
Zip
32601
Country
USA

City & State
Gainesville, FL
Zip
32601
Country
USA

4. FEI Number
59-1458133
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIX, MICHELE
1145 NW 13 STREET
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name
Jennifer Glymph
Street Address (P.O. Box Number is Not Acceptable)
703 NE 1st Street
City
Gainesville FL Zip Code
32601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jennifer Glymph, Executive Director 7/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DIX, MICHELE 1145 NW 13TH ST GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RICHARD PO BOX 147119 STATION M43 GAINESVILLE, FL 326142891	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUGGS, ALENA P.O. BOX 390-STATION 3 GAINESVILLE, FL 32602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUNYON, MICHELLE P.O. BOX 147006 GAINESVILLE, FL 326147006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Jennifer Glymph 703 NE 1st Street Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board President Sandra Arnold 1600 SW Archer Rd, Box 100351 Gainesville FL 32610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Karen Scarborough 3122 NW-57th Terrace Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gail Monahan 703 NE 1st Street Gainesville FL 32601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Glymph 7/18/05 352/378-2552
Signature, typed or printed name of signing officer or director Date Daytime Phone #