

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720708

FILED
Feb 13, 2007
Secretary of State

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

Current Principal Place of Business:

703 NE 1ST STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

703 NE 1ST STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-1458133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLYMPH, JENNIFER
703 NE 1ST STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

BELLIS, PATRICIA
703 NE 1ST STREET
GAINESVILLE, FL 32601 US

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.

SIGNATURE: PATRICIA BELIS

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: GLYMPH, JENNIFER
Address: 703 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: BP () Delete
Name: ARNOLD, SANDRA
Address: 1600 SW ARCHER ROAD, BOX 100351
City-St-Zip: GAINESVILLE, FL 32610

Title: PE () Delete
Name: SCARBOROUGH, KAREN
Address: 3122 NW 57TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: MONAHAN, GAIL
Address: 703 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: BELLIS, PATRICIA
Address: 703 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BELLIS

ED

02/13/2007

Electronic Signature of Signing Officer or Director

Date