

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729786

FILED
Mar 20, 2008
Secretary of State

Entity Name: THE ALACHUA COUNTY ORGANIZATION FOR RURAL NEEDS, INC.

Current Principal Place of Business:

23320 N STATE RD 235
BROOKER, FL 32622 US

New Principal Place of Business:

Current Mailing Address:

23320 NORTH STATE RD 235
BROOKER, FL 32622 US

New Mailing Address:

23320 N STATE RD 235
BROOKER, FL 32622 US

FEI Number: 59-1627845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEGENER, STUART ED
23320 N SR 235
BROOKER, FL 32622 US

Name and Address of New Registered Agent:

MAULDIN, DIANE FACHE
23320 N SR 235
BROOKER, FL 32622 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: DIANE MAULDIN

03/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MESH, MARILYN MED
Address: 405 SE 6TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PPD () Delete
Name: LEMAK, CHRISTY HARRIS PHD
Address: 425 SW 129TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: VPD () Delete
Name: RAGOSTA, REBECCA
Address: 810 NW 16TH AVE., STE. A
City-St-Zip: GAINESVILLE, FL 32601

Title: S () Delete
Name: ROBINSON, JAN
Address: 10326 SW 21ST AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: DANKNER, LARRY
Address: 1715 NE 7TH TERRACE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: MESH, MARILYN MED
Address: 405 SE 6TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S (X) Change () Addition
Name: LEMAK, CHRISTY HARRIS PHD
Address: 425 SW 129TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

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

Title: P (X) Change () Addition
Name: BARNARD, CAROL
Address: 5017 NW 69TH PLACE
City-St-Zip: GAINESVILLE, FL 32615

Title: T (X) Change () Addition
Name: MCLEOD, WILLIAM
Address: 5017 NW 69TH PLACE
City-St-Zip: GAINESVILLE, FL 62615

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN MESH

PPD

03/20/2008

Electronic Signature of Signing Officer or Director

Date