## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#729786** 

FILED Feb 09, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

23320 N STATE RD 235 BROOKER, FL 32622 US

Current Mailing Address: New Mailing Address:

23320 N STATE RD 235 BROOKER, FL 32622 US 23320 N STATE ROAD 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: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: S

 Name:
 MESH, MARILYN MED

 Address:
 405 SE 6TH LANE

 City-St-Zip:
 HIGH SPRINGS, FL 32643

Title: D

Name: ROBINSON, BOYD DDS Address: 10326 SW 21ST AVE City-St-Zip: GAINESVILLE, FL 32607

Title: F

Name: CATALANOTTO, REBECCA Address: 810 NW 16TH AVE., STE. A City-St-Zip: GAINESVILLE, FL 32601

Title: PPD

 Name:
 BARNARD, CAROL

 Address:
 5017 NW 69TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32653

Title:

Name: LONG, TREY

Address: 4007 NW 59TH AVENUE City-St-Zip: GAINESVILLE, FL 32653

Title: [

 Name:
 MEULEMAN, JOHN M. D.

 Address:
 5808 SW 35TH WAY

 City-St-Zip:
 GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: DIANE MAULDIN ED 02/09/2010