

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729786

FILED
Mar 03, 2011
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 N STATE ROAD 235
BROOKER, FL 32622 US

New Mailing Address:

FEI Number: 59-1627845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: VP
Name: HALL, ALLYSON PHD
Address: 7950 SW 47TH COURT
City-St-Zip: GAINESVILLE, FL 32608

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

Title: P
Name: PRIMOSCH, LORIE RDH,MED
Address: 2432 NW 13TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T
Name: LONG, TREY
Address: 4007 NW 59TH AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
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, FACHE

ED

03/03/2011

Electronic Signature of Signing Officer or Director

Date