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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 74

45008

(3)

ALACHUA COUNTY COMMUNICATIONS ASSISTANCE TEAM, I

a.w.Rue

SIGNATURE:

FILED Mar 26 1998 8:00am Secretary of State

NC.									
Principal Place of Business		Mailing Address	Mailing Address		T PRESENT COURT DIEGO DIVIN GRAN GRAND TOPI DIVI	/II 416II 416II 616 II	Atāti aiš ti (A3)		
2026 NE 7TH 1	TERR.	2026 NE 7TH TERR.	2026 NE 7TH TERR.			3. Date Incorporated or Qualified			
P.O. BOX 841	FI 80000	P.O. BOX 841				11/20/1978			
GAINESVILLE I	FL 32609	GAINESVILLE FL 32609	•			4. FEI Number		Applied For	
						59-2354727	<u> </u>	Not Applicable	
2. Principal F	Place of Business	2e. Mailing Address				6. Certificate of Status Desired	\$8.75	Additional	
21		28				o. Commodic of Children Doorloo	Fee	Required	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		May Be		
City & Sta	to .	City & State	City & State			Trust Fund Contribution		to Fees	
23		 	28		7. Is this nonprofit corporation a homeo		ionir		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the		ntangible	
24	25	29	30			Personal Property Tax due June 30.		X No	
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Registe	red Agent		
				B1	Name				
RICE, A.W.				B2	Street Addr	Idress (P.O. Box Number is Not Acceptable)			
2026 N.	e.7th terr.			Ш		,			
GAINES	VILLE FL 32609			63					
				84	City		85 Zir	p Code	
							FL T		
11. Pursuant office or	to the provisions of Sections 617.0 to the provisions of Sections 617.0 registered agent, or both, in the St	0502 and 617.1508, Florida Si tate of Florida. Such change v	tatutes, the al vas authorize	bove-ı d by t	named corp he corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing appointment a	its registered as registered	
agent. I a	am familiar with, and account the ob	oligations of, Section 617.0503	3, Florida Stat	tutes.		3-21-	08		
SIGNATURE	U.W. KICE	,							
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	(NOTE: Registered	d Agent	signature requir	and when reinstating) DA ADDITIONS/CHANGES TO OFFICERS)RS IN 12	
TITLE	STD	☐ DELETE		1.1 TITLE		ADDITIONAL OF THE CONTROL OF THE CON	☐ Change		
NAME	PIERCE, JEANNIE		1.2 N	1.2 NAME					
STREET ADDRESS	2309 SE 46TH TERR		1.3 \$1	TREET AL	DORESS				
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 City-St-Zil		- 1				
TITLE	DV	☐ DELETE	2.1 TI	TLE			Change	Addition	
NAME	PIERCE, RUSSELL E.		2.2 N	AME					
STREET ADDRESS	2309 S.E. 46 TERR.		2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL			2. 4 CITY-ST-ZIP					
TITLE	_		3.1 TI	TLE			Change	Addition	
NAME	RICE, A W		3.2 N	AME					
STREET ADDRESS	2026 NE 7TH TERR		3.3 ST	TREET A	DORESS				
CITY-ST-ZIP	GAINESVILLE, FL 00000	T 6		ITY-ST	- ZIP		T-100-		
TITLE	D CAMPBELL TOLL	☐ DELETE					☐ Change	Addition	
NAME	CAMPBELL, TOM		4.2 N						
STREET ADDRESS	CAMIFOLDIA E EL COCCO			TREET A	1				
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition	
1	Dense leceny						CT CHONDS	L. Addition	
NAME	PERCE, Jereny 5339 SE 3rd Lan	ie	5.2 N		DDDECC				
STREET ADDRESS	Trenton, FL. 32	. 693		5.3 STREET ADDRESS 5.4 City-St-Zip					
CITY-ST-ZIP TITLE		DELETE			ZIP		☐ Change	Addition	
NAME			6.2 N						
STREET ADDRESS					DDRESS				
I OHNEEL VENDERSO	1		■ 0.J 31	THE ET IN					

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attechment with an address.

3/21/98