

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90055 004 ****61.25

DOCUMENT # 763649

1. Entity Name
HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, I

Principal Place of Business 3303 NW 83 ST PO-BOX 2919 GAINESVILLE FL 32602	Mailing Address 3303 NW 83RD ST PO-BOX 2919 GAINESVILLE FL 32606-6227 US
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2. Principal Place of Business 3303 NW 83rd St	3. Mailing Address 3303 NW 83rd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State Gainesville FL	4. FEI Number 59-2217411	<input type="checkbox"/> Applied <input type="checkbox"/> Not Applied
Zip 32606-6227	Country USA	Zip 32606-6227	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRADLEY, RICHARD
3303 NW 83 ST
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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 *Richard Bradley* **Richard Bradley, Executive Director** **1/24/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, PHILIP 7020 LAKESHORE DR GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYROWITZ, RAY BOX 114 TURKEY CREEK GAINESVILLE FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTHROCK, JOAN 3134 NW 58TH BLVD. GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIELDING, JOHN C. 110 NW 46TH STREET GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKMAN, JIM 20723 SW 46TH AVE NEWBERRY FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

12. I hereby 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 report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Richard Bradley* **Richard Bradley, Executive Director** **1/24/00** **(352)334-4060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #