

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763669** (9)

1. Corporation Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE



Principal Place of Business

Mailing Address

**2711 NW 6TH ST STE C
GAINESVILLE FL 32609**

**2711 N.W. 6TH ST.
SUITE C
GAINESVILLE FL 32609
US**

3. Date Incorporated or Qualified
06/15/1982

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2220958

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK, MARION
2711 N.W. 6TH ST.
SUITE C
GAINESVILLE FL 32609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MAMARCHEV, HELEN**
STREET ADDRESS **4507 NW 32 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ DELETE
NAME **DUPRE, GABRIEL**
STREET ADDRESS **6717 NW 53 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☐ DELETE
NAME **MCCLURE, JAMES**
STREET ADDRESS **4718 RIVERSIDE DRIVE**
CITY-ST-ZIP **YANKEETOWN FL**

TITLE **PD** ☐ DELETE
NAME **THORNE, KARL**
STREET ADDRESS **1216 NW 9TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE
NAME **BARRON, JOSEPH**
STREET ADDRESS **5525 NW 26TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** ☐ DELETE
NAME **MCKETTY, VINCENT**
STREET ADDRESS **2101 NW 54TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Lovetta Smith**
1.3 STREET ADDRESS **4408 NW 44 Place**
1.4 CITY-ST-ZIP **Gainesville, FL 32605**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Ronald Leslie**
2.3 STREET ADDRESS **4405 SW 67 Terrace**
2.4 CITY-ST-ZIP **Gainesville, FL 32608**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **H. Lee Greenway**
3.3 STREET ADDRESS **4331 NW 27 Drive**
3.4 CITY-ST-ZIP **Gainesville, FL 32605**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 1996 (352) 334-1602
Date Daytime Phone #

CR2E037 (12/95)