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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-2220958**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

**D**  
**MAMARCHEV, HELEN**  
**4507 NW 32 AVENUE**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**D VP**  
**LESLIE, RONALD**  
**4405 SW 67 TERRACE**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**D PD**  
**GREENWAY, LEE**  
**4331 NW 27TH DRIVE**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**PD-D**  
**THORNE, KARL**  
**1216 NW 9TH AVE.**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**SD-T**  
**MCKETTY, VINCENT**  
**2101 NW 54TH TERR**  
**GAINESVILLE FL**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**Director**  
**Connie Houchen**  
**4207 N.W. 32nd Avenue**  
**Gainesville, FL 32605**

2.1 TITLE ☐ Change ☒ Addition

**Director**  
**Dexter Martin**  
**4027 N.W. 19th Street**  
**Gainesville, FL 32605**

3.1 TITLE ☐ Change ☒ Addition

**Director**  
**Tom Hardeman**  
**1020 N.W. 6th Street**  
**Gainesville, FL 32601**

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 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 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: **Lee Greenway, Jr.** *X* *W. Lee Greenway, Jr.*

(352) 334-1604

CR2E037 (10/97)