

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764194

FILED
Jun 17, 2009
Secretary of State

Entity Name: BLAND COMMUNITY FAMILIES OF ALACHUA, FLORIDA, INC.

Current Principal Place of Business:

580 NE 59TH ST.
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 26
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 56-2529650 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WASHINGTON, LYNN C
580 NE 59TH ST.
MIAMI, FL 33137 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: VD () Delete
Name: TYSON, CYNTHIA D
Address: 2112 SE 3RD PL
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TD () Delete
Name: GARDNER, COLLETTE R
Address: 27528 NW COUNTY RD. 241
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: NEWSOME, KAREN S
Address: 12911 FOREST GLEN CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: PD () Delete
Name: HARRIS, JAMES E JR.
Address: 614 STRIHAL LOOP
City-St-Zip: OAKLAND, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STANDIFER, TYLER
Address: 16722 NW 212 TERRACE
City-St-Zip: HIGH SPRING, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN C. WASHINGTON

RA

06/17/2009

Electronic Signature of Signing Officer or Director

Date