

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002294

1. Entity Name
ARCHER COMMUNITY ACCESS CENTER, INC.



Principal Place of Business

302 MAGNOLIA STREET
ARCHER, FL 32618

Mailing Address

P.O. BOX 594
ARCHER, FL 32618



03272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3714462

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHALFANI, CAROLYN Y
7611 S.W. 194 ST.
ARCHER, FL 32618

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KHALFANI, CAROLYN Y
STREET ADDRESS 7611 S.W. 194 ST.
CITY-ST-ZIP ARCHER, FL 32618

TITLE D
NAME HINES, MILES T
STREET ADDRESS 12629 SW ARCHER LANE
CITY-ST-ZIP ARCHER, FL 32618

TITLE D
NAME BARBER, CAROL
STREET ADDRESS 2622 N.W. 5TH PL
CITY-ST-ZIP GAINESVILLE, FL 32618

TITLE T
NAME PIERRE, KENRICK
STREET ADDRESS 2601 N.W. 23RD BLVD
CITY-ST-ZIP GAINESVILLE, FL 32602

TITLE D
NAME FAUCHER, ROGER
STREET ADDRESS 3748 N.W. 54TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000290143

04/06/05-80053-018 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Y. Khalfani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

Daytime Phone #