

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008488

FILED
Apr 06, 2008
Secretary of State

Entity Name: ALACHUA COUNTY COUNCIL OF THE BLIND, INC.

Current Principal Place of Business:

222 SW 36TH TERR.
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

222 SW 36TH TERR.
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 01-0871189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, JAMES D
8410 NW 4TH PLACE
GAINESVILLE, FL 32607 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: D () Delete
Name: STALLINGS, MAXINE
Address: 2930 NE 19TH ST.
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: CRAWFORD, PEGGY
Address: 1221 SE 19TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ITURRASPE, NIMIA
Address: 140 NW 146TH DRIVE, APT 103
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: MORTON, SPENCER
Address: 5425 NE 77TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: HILLIARD, JAMES
Address: 8410 NW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MATHIS, SHANNON
Address: 3201 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: HENDERSON, LUCINDA
Address: 3207 SW 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608

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: JAMES HILLIARD

D

04/06/2008

Electronic Signature of Signing Officer or Director

Date