

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008488

FILED  
Feb 21, 2009  
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: HENDERSON, LUCINDA  
Address: 3207 SW 42ND PLACE  
City-St-Zip: GAINESVILLE, FL 32608

**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: ( ) 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: JAMES HILLIARD

D

02/21/2009

Electronic Signature of Signing Officer or Director

Date