

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011242

FILED
Apr 28, 2008
Secretary of State

Entity Name: ALACHUA COUNTY EMERGING LEADERS, INC.

Current Principal Place of Business:

2145 SW 94TH TERRACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

7257 NW 4TH BLVD
#350
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 20-3733221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAESER, MITCH
7257 NW 4TH BLVD
#350
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: P () Delete
Name: MITROOK, KIMBERLY
Address: 7257 NW 4TH BLVD, #350
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: GIBBONS, CLAY
Address: 7257 NW 4TH BLVD, #350
City-St-Zip: GAINESVILLE, FL 32607

Title: T () Delete
Name: ANCHORS, CHARLES W JR
Address: 7257 NW 4TH BLVD, #350
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: FLOYD, BRUCE
Address: 7257 NW 4TH BLVD, #350
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: LONG, CHRISTIAN
Address: 7257 NW 4TH BLVD, #350
City-St-Zip: GAINESVILLE, FL 32607

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: KIMBERLY MITROOK

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date