

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003328

FILED
Jan 04, 2008
Secretary of State

Entity Name: THE ADVISORY COUNCIL FOR THE RETIRED AND SENIOR VOLUNTEER PROGRAM OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

218 SE 24TH STREET
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

218 SE 24TH STREET
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 22-3929263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FALMLEN, REBECCA M
218 SE 24TH STREET
GAINESVILLE, FL 32641 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: CHR. () Delete
Name: THOMPSON, SUSAN CHAIR
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VC () Delete
Name: GARDNER, LINDA VC
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: TREA () Delete
Name: MILLER, LESTER TREAS.
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: SEC. () Delete
Name: OWENS, KIMBERLY SEC.
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR. (X) Change () Addition
Name: GARDNER, LINDA CHAIR
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VC (X) Change () Addition
Name: OWENS, KIMBERLY VC
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

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

Title: SEC. (X) Change () Addition
Name: FITZGERALD, PAM SEC.
Address: 218 SE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

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: LINDA GARDNER

CHR.

01/04/2008

Electronic Signature of Signing Officer or Director

Date