## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90044 029 \*\*\*\*70.00

DOCUMENT # N06000003755

1. Entity Name
THE ADVISORY COUNCIL FOR THE FOSTER
CRANDDADENT DOCCDAM OF ALACHUA CA



GRANDP	ARENT PROGRAM OF AL	ACHUA COUNTY, IN	C.		4000	טדטוו			
Principal Place 218 SE 24TI GAINESVILLE		Mailing Address 218 SE 24TH STREET GAINESVILLE, FL 32641			1000				
S. Director I.	No. of Decision All DO Co. H	Lo Marketta							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					1011 - 11    12    13    13    13    14    15    15    15    15    15    15    15    15    15    15    15	E LEEL E BERNE BEINER E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State	•		4. FEI Number 22-392				oplied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered		
EALMIEN	DERECCA M		Name						
FALMLEN, REBECCA M 218 SE 24TH STREET GAINESVILLE, FL 32641			Street A	ddress (F	P.O. Box Number	er is Not Accepta	ble)		
O/ III VEOV	# ·								
			City				F	L Zip Cod	ie
	named entity submits this statement for	r the purpose of changing its r	egistered office or	r registere	ed agent, or bo	th, in the State of	Florida. I ar	n familiar with,	and accer
the obligation	tions of registered agent.								
SIGNATURE						_			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008		ľ							
	<del>-</del>	9. Election Cam Trust Fund Co			\$5.00 May B Added to Fees			ck payable t artment of S	
10.	<del>-</del>	Trust Fund Co		A	Added to Fees	ANGES TO OFFIC	orida Depa	artment of S	tate ·
10. <	OFFICERS AND DIE	Trust Fund Co	ontribution.	A	Added to Fees	ANGES TO OFFIC	orida Depa	artment of S	tate ·
TITLE NAME	OFFICERS AND DIE PM LEE, GUSSIE M	Trust Fund Co	11. TITLE NAME	DO	Added to Fees DDITIONS/CH	ANGES TO OFFICE	orida Depa	ortment of S	N 10
TITLE	OFFICERS AND DIE	Trust Fund Co	ntribution.  11.  ππε	DO	Added to Fees DDITIONS/CH	ANGES TO OFFIC	orida Depa	ortment of S	N 10
TITLE NAME STREET ADDRESS	OFFICERS AND DII PM LEE, GUSSIE M 28213 NW COUNTY ROAD #241	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Doi 175 Gai	Added to Fees DDITIONS/CH rothy F V N V (Nesville)	ANGES TO OFFICE  I E I d  Y TH F N  IF I 32605	orida Depa	ortment of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PM LEE, GUSSIE M 28213 NW COUNTY ROAD #241 ALACHUA, FL 32615 VPD SENFT, BETTY	Trust Fund Co	11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Doi 175 Gai	Added to Fees DDITIONS/CH rothy F V N V (Nesville)	ANGES TO OFFICE  I E I d  Y TH F N  IF I 32605	orida Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PM LEE, GUSSIE M 28213 NW COUNTY ROAD #241 ALACHUA, FL 32615 VPD SENFT, BETTY 5010 NE WALDO RD, LOT 126	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Don 175 Gar Kai 791 Arc	Added to Fees DDITIONS/CH rothy F 55 NW 1 (Nesville) thleen her F1	ANGES TO OFFICE IN INC.  ANGES TO OFFICE IN INC.  ANGES TO OFFICE  ANGES T	orida Depa	DIRECTORS IN Change	N 10 Addition
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<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 i changed, or on an attachment with an address, with all other like empowered.