

# 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  
GRANDPARENT PROGRAM OF ALACHUA COUNTY, INC.**



Principal Place of Business  
218 SE 24TH STREET  
GAINESVILLE, FL 32641

Mailing Address  
218 SE 24TH STREET  
GAINESVILLE, FL 32641

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
22-3929267

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALMLEN, REBECCA M  
218 SE 24TH STREET  
GAINESVILLE, FL 32641

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PM  
LEE, GUSSIE M  
28213 NW COUNTY ROAD #241  
ALACHUA, FL 32615 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dorothy Field  
1755 NW 17th Ln  
Gainesville, FL 32605 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
SENFT, BETTY  
5010 NE WALDO RD, LOT 126  
GAINESVILLE, FL 32609 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Kathleen Morgan  
7917 SW 137th Ave  
Archer, FL 32618 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HARTSOCK, CONNIE  
927 SW 79TH TERRACE  
GAINESVILLE, FL 32607 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dorothy Field  
1755 NW 17th Ln  
Gainesville, FL 32605 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HUNTER, TOBY  
3111 NW 54TH AVE  
GAINESVILLE, FL 32653 ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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12. 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 if changed, or on an attachment with an address, with all other like empowered.