

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003755

FILED
Feb 06, 2009
Secretary of State

Entity Name: THE ADVISORY COUNCIL FOR THE FOSTER GRANDPARENT 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: 22-3929267

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: PM () Delete
Name: FIELD, DOROTHY
Address: 1755 NW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: MORGAN, KATHLEEN
Address: 7917 SW 137TH AVE
City-St-Zip: ARCHER, FL 32618

Title: TD () Delete
Name: FIELD, DOROTHY
Address: 1755 NW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: HUNTER, TOBY
Address: 3111 NW 54TH AVE
City-St-Zip: GAINESVILLE, FL 32653

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:

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: DOROTHY FIELD

PM

02/06/2009

Electronic Signature of Signing Officer or Director

Date