2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000008588

Entity Name: ALACHUA COUNTY CHILDREN'S ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

6031 NW 1ST PL.
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6031 NW 1ST PL.
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 26-3746224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRICKLEMYER, KAREN
6031 NW 1ST PL.
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: CD ( ) Delete
Name: DARNELL, SADIE
Address: 2621 SE HAWTHORNE RD.
City-St-Zip: GAINESVILLE, FL 32641

Title: VCD ( ) Delete
Name: STRINGFELLOW, JIM
Address: 7824 NW 43RD DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: STD ( ) Delete
Name: BRAM, LESLIE
Address: 1938 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32604

Title: D ( ) Delete
Name: LEBLANC, JOYCE
Address: 4610 NW 104TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: TREMAINE, GORDON
Address: 4424 NW 13TH ST., SUITE A-5
City-St-Zip: GAINESVILLE, FL 32609

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:

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: KAREN BRICKLEMYER CEO 05/01/2009
Electronic Signature of Signing Officer or Director — Date