## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000011510

FILED Jan 10, 2012 Secretary of State

Entity Name: ALACHUA AREA PUBLIC HEALTH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2281 NW 24TH AVE 2281 NW 24TH AVE

GAINESVILLE, FL 32605 GAINESVILLE, FL 326052941 US

Current Mailing Address: New Mailing Address:

2281 NW 24TH AVE 2281 NW 24TH AVE

GAINESVILLE, FL 32605 GAINESVILLE, FL 326052941 US

FEI Number: 38-3861436 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVY, MAURICE D MD
2281 NW 24TH AVE
LEVY, MAURICE D MD
2281 NW 24TH AVE
2281 NW 24TH AVE

GAINESVILLE, FL 32605 US GAINESVILLE, FL 326052941 US

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: MAURICE DOUGLAS LEVY 01/10/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PRES

Name: LEVY, MAURICE D MD Address: 2281 NW 24TH AVE

City-St-Zip: GAINESVILLE, FL 326052941 US

Title: VP

 Name:
 WOHL, RONALD MSN ARN

 Address:
 5408 SW 80TH STREET

 City-St-Zip:
 GAINESVILLE, FL 326084484 US

Title: SECY

Name: SASSER, EMILY

Address: 111 NW 16TH STREET APT A-26 City-St-Zip: GAINESVILLE, FL 32603 US

Title: TREA

 Name:
 LAWRENCE, RACHEL RN

 Address:
 10028 NW 53RD AVE

 City-St-Zip:
 GAINESVILLE, FL 32653 US

I hereby 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 all other like empowered.

SIGNATURE: MAURICE DOUGLAS LEVY PRES 01/10/2012