2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N11804 SOCIATION OF ALACHUA	COUNTY, INC.		01-19-2	2007 90029 (049 ****61.25		
Principal Place of Business P.O. BOX 12246 GAINESVILLE, FL 32604 US Principal Place of Business P.O. BOX 12246 GAINESVILLE, FL 32604			04 US			500009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				MIN 1111 LIN 1101 1101 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 C	hg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-265986	63	 }	pplied For ot Applicab	
Z ip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Ad		
	6. Name and Address of Current	Registered Agent	1	7. Name and Ad	dress of New Ro	egistered Agent		
	_		Name					
CRAPO, ED. RT. 2, BOX 524 MICANOPY, FL 32667			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or reg	sistered agent, or both, in	the State of Flor	rida. I am familiar with	, and accer	
SIGNATURE .	Classical							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	Quired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car	E: Registered Agent signature rempaign Financing Contribution.	quired when reinstating) \$5.00 May Be Added to Fees		DATE ake check payable de Department of S		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable da Department of S	State	
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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 i

homa be Homan Treasurer