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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
95 MAY -1 PM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12094 (1)

1. Corporation Name
ALACHUA COUNTY SINGLES CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 23963 GAINESVILLE FL 32602	P.O. BOX 23963 GAINESVILLE FL 32602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1985
3a. Date of Last Report: 04/20/1994
4. FEI Number: 11-2892013 — Applied For / Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOWERS, JOHN L SR.
21812 NW CO RD., #2054
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: AUDREY CHALKER
82 Street Address (P.O. Box Number is Not Acceptable): 1610 N.W. 23RD ST.
83
84 City: GAINESVILLE FL 85 Zip Code: 32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Marty K. Barry
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOWERS, JOHN L SR.
STREET ADDRESS	21812 NW CO RD., 2054
CITY-ST-ZIP	ALACHUA FL
TITLE	VD
NAME	MCCALLUM, ROY
STREET ADDRESS	1224 NW 35TH AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD
NAME	HICKSON, EULA
STREET ADDRESS	601 NW 34TH ST.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD
NAME	GIER, MARIE
STREET ADDRESS	1427 NE 22ND AVE.
CITY-ST-ZIP	GAINESVILLE FL 32609
TITLE	TD
NAME	ARDITH, JEFF
STREET ADDRESS	ROUTE 1, BOX 107
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☑ Change ☐ Addition
12 NAME	AUDREY CHALKER	
13 STREET ADDRESS	1610 N.W. 23RD ST	
14 CITY-ST-ZIP	GAINESVILLE FL. 32605	
21 TITLE		☑ Change ☐ Addition
22 NAME	EULA HICKSON	
23 STREET ADDRESS	601 N.W. 34TH ST.	
24 CITY-ST-ZIP	GAINESVILLE, FL. 32607	
31 TITLE		☑ Change ☐ Addition
32 NAME	DOROTHY PARRISH	
33 STREET ADDRESS	1810 23RD BLVD #276	
34 CITY-ST-ZIP	GAINESVILLE FL. 32601	
41 TITLE		☑ Change ☐ Addition
42 NAME	FLORENCE MAINES	
43 STREET ADDRESS	500 Z N.W. 69TH LANE	
44 CITY-ST-ZIP	GAINESVILLE FL. 32653	
51 TITLE		☐ Change ☐ Addition
52 NAME	MARTY K. BARRY	
53 STREET ADDRESS	6310 JOHNSTON	
54 CITY-ST-ZIP	STARKE FL. 32091	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: Marty K. Barry — 5-1-95 — 904 964 6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTY K. BARRY

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