FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14061** **(8)**

1. Corporation Name
FRIENDS OF ALACHUA COUNTY, INC.

Principal Place of Business	Mailing Address
C/O HESS, RALPH P.O. BOX 7221 NA GAINESVILLE FL 32605 US GLORIA EWELL	P.O. BOX 7221 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: ✓ 59-2771213	☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21: 1705 N.W. 31ST AVE Suite, Apt. #, etc. 22: GAINESVILLE, FL City & State 23: Zip 24: 32609 Country 25: U.S.A.	2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 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 S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REISKIND, JON 213 SW 41ST ST GAINESVILLE FL 32607	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	NOTESTEIN, JAMES	1.2 NAME		
STREET ADDRESS	3701 NW 17TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	EDWARDS, BILL	2.2 NAME	MICHEAL GARSON	
STREET ADDRESS	8620-427 NW 13TH ST.	2.3 STREET ADDRESS	18516 NW 28TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	SD	3.1 TITLE	CSD	☒ Change ☐ Addition
NAME	BURKE, IRIS	3.2 NAME	MATTHEW McEACHERN	
STREET ADDRESS	4908 N.W. 38TH STREET	3.3 STREET ADDRESS	1020 S.W. 1ND TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	REISKIND, JON	4.2 NAME	GLORIA EWELL	
STREET ADDRESS	213 SW 41ST ST	4.3 STREET ADDRESS	1205 N.W. 31ST AVE	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	DIAN DEEVEY	
STREET ADDRESS		5.3 STREET ADDRESS	1702 S.W. 35TH PLACE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		6.1 TITLE	EDITOR, DIRECTOR	☐ Change ☒ Addition
NAME		6.2 NAME	HARRIET LUDWIG	
STREET ADDRESS		6.3 STREET ADDRESS	2130 N.W. 31ST AVE. #E-10	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	

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)(i), 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 an address.

SIGNATURE: ✓ Gloria Ewell (GLORIA EWELL) Treasurer 24 April '95 904+371-5931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

✓ CK# 4997 $130.00 enclosed