

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14061 (8)

1. Corporation Name

FRIENDS OF ALACHUA COUNTY, INC.



Principal Place of Business

Mailing Address

% GLORIA EWELL
1205 NW 31 AVE
GAINESVILLE FL 32609
US

P.O. BOX 7221
GAINESVILLE FL 32605

3. Date Incorporated or Qualified
03/27/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2771213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOTESTEIN, JAMES	
STREET ADDRESS	3701 NW 17TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GARSON, MICHAEL	
STREET ADDRESS	18516 NW 28 DR	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	MCEACHERN, MATTHEW	
STREET ADDRESS	1020 SW 11 TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EWELL, GLORIA	
STREET ADDRESS	1205 NW 31 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEEVEY, DIAN	
STREET ADDRESS	1702 SW 35 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	LUDWIG, HARRIET	
STREET ADDRESS	2130 NW 31 AVE #E10	
CITY-ST-ZIP	GAINESVILLE FL	

1.1 TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MATTHEW MCEACHERN	
1.3 STREET ADDRESS	1020 SW 11TH TERRACE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECTY & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICK FIELDS	
3.3 STREET ADDRESS	1236 SE. 22ND AVE	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32641	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM EDWARDS	
4.3 STREET ADDRESS	8620 N.W. 13TH ST. #437	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAUPH HESS	
5.3 STREET ADDRESS	314 N.W. 122ND ST	
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1810 N.W. 23RD BLVD. #276	
6.4 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 an address.

SIGNATURE: Gloria Ewell, GLORIA EWELL TREASURER 28 April 96 352-371-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)