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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14061 (8)

1. Corporation Name
FRIENDS OF ALACHUA COUNTY, INC.



Principal Place of Business % GLORIA EWELL 1205 NW 31 AVE GAINESVILLE FL 32609 US	Mailing Address P.O. BOX 7221 GAINESVILLE FL 32605-7221
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3. Date Incorporated or Qualified 03/27/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 519 NW 19th STREET 22 City & State 23 Zip 32603 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 59-2771213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REISKIND, JON
213 SW 41ST ST.
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCEACHERN, MATTHEW	
STREET ADDRESS	1020 SW 11TH TER	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GARSON, MICHAEL	
STREET ADDRESS	18516 NW 28 DR	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, PATRICK	
STREET ADDRESS	1236 SE 22ND AVE	
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 checked="" 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	1810 NW 23RD BLVD. #276	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32601	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RALPH HESS	
2.3 STREET ADDRESS	314 NW 122ND STREET	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM EDWARDS	
3.3 STREET ADDRESS	8620 NW 13th STREET	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	519 NW 19th STREET	
4.4 CITY-ST-ZIP	32603	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DECEMBER MCSHERRY	
5.3 STREET ADDRESS	15212 SW 73RD AVE.	
5.4 CITY-ST-ZIP	ARCHER, FL 32618	
6.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	32605	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)