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May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

519 NW 19TH ST
1205 NW 31 AVE
GAINESVILLE FL 32603
US

P.O. BOX 7221
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

03/27/1986

4. FEI Number

59-2771213

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. **NOV 15 DUE** 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

TITLE D
NAME MCEACHERN, MATTHEW
STREET ADDRESS 1020 SW 11TH TER
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

TITLE VPD
NAME HESS, RALPH
STREET ADDRESS 314 NW 122ND ST
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

TITLE PD
NAME EDWARDS, WILLIAM
STREET ADDRESS 8820 NW 13TH ST
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

TITLE TD
NAME EWELL, GLORIA
STREET ADDRESS 519 NW 19TH ST
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

TITLE D
NAME MCSHERRY, DECEMBER
STREET ADDRESS 15212 SW 73RD AVE
CITY-ST-ZIP ARCHER FL

☐ DELETE

TITLE S
NAME LUDWIG, HARRIET
STREET ADDRESS 1810 NW 23RD BLVD. #276
CITY-ST-ZIP GAINESVILLE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DAVID LEE MCSHERRY
1.3 STREET ADDRESS 15212 SW 11 TERR
1.4 CITY-ST-ZIP ARCHER FL 32618

☐ Change

☒ Addition

2.1 TITLE VPD
2.2 NAME WILLIAM GILBERT
2.3 STREET ADDRESS 4702 SW 76 TERR
2.4 CITY-ST-ZIP GAINESVILLE FL 32608

☐ Change

☒ Addition

3.1 TITLE TD
3.2 NAME THOMAS BUSSING
3.3 STREET ADDRESS 1832 NW 11 RD
3.4 CITY-ST-ZIP GAINESVILLE FL 32605

☐ Change

☒ Addition

4.1 TITLE D
4.2 NAME THOMAS COX
4.3 STREET ADDRESS 1721 NW 55 TERR
4.4 CITY-ST-ZIP GAINESVILLE FL 32605

☐ Change

☒ Addition

5.1 TITLE SECRETARY
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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.

SIGNATURE:

Thomas Bussing

THOMAS BUSSING, TREAS-D 4/29/98 (352)375-8572

CR2E037 (10/97)