

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90073 049 ****61.25

DOCUMENT # N14061

1. Corporation Name

FRIENDS OF ALACHUA COUNTY, INC.

Principal Place of Business

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

Mailing Address

~~P.O. BOX 7221~~
~~GAINESVILLE FL 32605~~



2. Principal Place of Business

21 **1832 NW 11th ROAD**

Suite, Apt. #, etc.

22
City & State
23 **GAINESVILLE FL**

Zip Country
24 **32605** 25 **US**

2a. Mailing Address

26 ~~PO Box 357221~~

Suite, Apt. #, etc.

27 **PO Box 357221**
City & State
28 **GAINESVILLE FL**

Zip Country
29 **32635-7221** 30 **USA**

3. Date Incorporated or Qualified

03/27/1986

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MCSHERRY, D L**
CITY-ST-ZIP **15212 SW 11 TERR**
ARCHER FL 32618

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **GILBERT, W**
CITY-ST-ZIP **4702 SW 76 TERR**
GAINESVILLE FL 32608

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BUSSING, T**
CITY-ST-ZIP **1832 NW 11 RD**
GAINESVILLE FL 32605

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **COX, T**
CITY-ST-ZIP **1721 NW 55 TERR**
GAINESVILLE FL 32605

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **MCSHERRY, DECEMBER**
CITY-ST-ZIP **15212 SW 73RD AVE**
ARCHER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

BUSSING, T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/99 (352) 375-8572

CR2E037 (1/98)