

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19141

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** ALACHUA COUNTY LEAGUE OF CITIES, INC.

**Current Principal Place of Business:**

P O BOX 1645 N/A  
GAINESVILLE, FL 326021645

**New Principal Place of Business:**

401 SE 1ST AVENUE  
BOX 1645  
GAINESVILLE, FL 32601

**Current Mailing Address:**

P O BOX 1645 N/A  
GAINESVILLE, FL 326021645

**New Mailing Address:**

14974 NE 145 AVENUE  
WALDO, FL 32694

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVIS, DIANA E.  
14974 NE 145 AVENUE  
WALDO, FL 32694 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: DUBBERLY, DIANNE  
Address: 20415 N SR 121  
City-St-Zip: LA CROSSE, FL 32658

Title: PD ( ) Delete  
Name: DAVIS, LOUIE  
Address: 14974 N.E. 145TH AVE  
City-St-Zip: WALDO, FL 32964

Title: DV ( ) Delete  
Name: HODGES, ROBERTA  
Address: 100 N UNIVERSITY AVE APT A  
City-St-Zip: ARCHER, FL 32618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: CALDERWOOD, JEAN  
Address: 15100 NW 142ND TERRACE  
City-St-Zip: ALACHUA, FL 32616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIE DAVIS

PD

05/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date