

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:20

DOCUMENT # N38050 (3)

1. Corporation Name

C.E.O. OF ALACHUA COUNTY, INC.

Principal Place of Business

2770 N.W. 43RD STREET, SUITE G
GAINESVILLE FL 32606

Mailing Address

2770 N.W. 43RD STREET, SUITE G
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1990

3a. Date of Last Report

02/07/1994

4. FEI Number

59-3020700

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 169.032,

Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GOSNELL, DARRYL
2770 N.W. 43RD ST. STE. G
GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 22, 1995

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	KOSS, WILLIAM F
STREET ADDRESS	2770 NW 43 ST S-G
CITY- ST- ZIP	GAINESVILLE FL
TITLE	VC
NAME	PHILLIPS, WINFRED M
STREET ADDRESS	2770 NW 43RD ST. STE. G
CITY- ST- ZIP	GAINESVILLE FL
TITLE	ST
NAME	WALKER, MARK
STREET ADDRESS	2770 N.W. 43RD ST, STE G
CITY- ST- ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	C. THOMAS STARR II	
1.3 STREET ADDRESS	2770 NW 43rd STREET, SUITE G	
1.4 CITY- ST- ZIP	GAINESVILLE, FL 32606	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	WINFRED M PHILLIPS	
2.3 STREET ADDRESS	2770 NW 43rd STREET, SUITE G	
2.4 CITY- ST- ZIP	GAINESVILLE, FL 32606	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Darryl W. Gosnell	
3.3 STREET ADDRESS	2770 NW 43rd Street, Suite G	
3.4 CITY- ST- ZIP	Gainesville, FL 32606	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	MARK WALKER	
4.3 STREET ADDRESS	2770 NW 43rd STREET, SUITE G	
4.4 CITY- ST- ZIP	GAINESVILLE, FL 32606	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Darryl Gosnell
Signature and typed or printed name of signing officer or director

Darryl Gosnell

3/22/95

704-378-7800

Darryl Gosnell

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