

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38050**
1. Corporation Name

(3)

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



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
05/09/1990

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3020700

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Robert J. Rohrlack Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
2770 NW 43rd St., Ste G
83
84 City Gainesville FL 85 Zip Code 32606

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 617.1503, Florida Statutes.

SIGNATURE

Robert J. Rohrlack Jr.

Robert J. Rohrlack, Jr. (President) 2/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME STARR, C. THOMAS I
STREET ADDRESS 2770 NW 43 ST S-G
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ DELETE
NAME PHILLIPS, WINFRED M
STREET ADDRESS 2770 NW 43RD ST. STE. G
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ST ☐ DELETE
NAME WALKER, MARK
STREET ADDRESS 2770 N.W. 43RD ST, STE G
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Walker, Mark
3.3 STREET ADDRESS 2627 NW 43rd Street
3.4 CITY-ST-ZIP Gainesville FL 32606

TITLE D ☒ DELETE
NAME GOSNELL, DARRYL W.
STREET ADDRESS 2770 NW 43 ST #G
CITY-ST-ZIP GAINESVILLE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Rohrlack, Robert J. JR.
4.3 STREET ADDRESS 2770 NW 43rd St, Ste G
4.4 CITY-ST-ZIP Gainesville FL 32606

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Judy E. Boles
5.3 STREET ADDRESS 400 SW 2nd Avenue
5.4 CITY-ST-ZIP Gainesville FL 32601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Carol Villenmaire
6.3 STREET ADDRESS 620 NW 16th Avenue
6.4 CITY-ST-ZIP Gainesville FL 32601

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 119.07(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:

Robert J. Rohrlack Jr.

Robert J. Rohrlack, Jr. 2/23/96 (904) 378-7300

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Use

Daytime Phone #

CR2E037 (12/95)