

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/09/1990	4. FEI Number 59-3020700	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 500 E. University Ave. Suite, Apt. #, etc. Suite D City & State Gainesville FL Zip 32601 Country Alachua	2a. Mailing Address 26 500 E. University Ave. Suite, Apt. #, etc. Suite D City & State Gainesville FL Zip 32601 Country Alachua
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROHRLACK, ROBERT J. JR.
2770 NW 43RD STREET
SUITE G
GAINESVILLE FL 32606

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500 E. University Ave.
83 Suite	Suite D
84 City	Gainesville FL
85 Zip Code	32601

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	VILLEMAIRE, CAROL	
STREET ADDRESS	620 NW 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, WINFRED M	
STREET ADDRESS	2770 NW 43RD ST. STE. G	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, MARK	
STREET ADDRESS	2627 NW 43RD STREET SUITE G	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROHRLACK, ROBERT	
STREET ADDRESS	2770 NW 43RD ST. STE G	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOLES, JUDY E.	
STREET ADDRESS	400 SW 2ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director, C.B. Daniel
5.3 STREET ADDRESS	104 N Main St
5.4 CITY-ST-ZIP	Gainesville FL 32601
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 5, 1998 (352)
378-7300

CH2E037 (10/97)