

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:38

DOCUMENT # N46179 (0)

1. Corporation Name

GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.

Principal Place of Business

Mailing Address

2101 N.W. 39TH AVE.
GAINESVILLE FL 32605

2101 N.W. 39TH AVE.
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1991

3a. Date of Last Report

03/21/1994

4. FEI Number

59-3120455

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENTS, RENAE
2101 N.W. 39TH AVE.
GAINESVILLE FL 32605

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 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

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	-DP-
NAME	ALEXANDER, RUTH H.
STREET ADDRESS	412 S.W. 88TH TERR.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	-D-
NAME	BRYAN, ROBERT A.
STREET ADDRESS	704 N.W. 40TH TERR.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	-D-
NAME	VESELY, ALICE
STREET ADDRESS	2833 N.W. 21 AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	MAMARCHEV, HELEN L.
STREET ADDRESS	4507 N.W. 32ND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	-D-
NAME	MCDANIEL, LARRY
STREET ADDRESS	RTE. 2, BOX 116E
CITY-ST-ZIP	HAWTHORNE FL
TITLE	D
NAME	SMITH, JUNE
STREET ADDRESS	6808 S.W. 37 WAY
CITY-ST-ZIP	GAINESVILLE FL

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	☒ Change ☐ Addition
2.2 NAME	Felder, Charles G.	
2.3 STREET ADDRESS	111 S.E. 1 Avenue	
2.4 CITY-ST-ZIP	Gainesville, FL 32601	
3.1 TITLE	DP	☒ Change ☐ Addition
3.2 NAME	Owens, Karl	
3.3 STREET ADDRESS	2834 N.W. 23rd Blvd.	
3.4 CITY-ST-ZIP	Gainesville, FL 32605	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	☒ Change ☐ Addition
5.2 NAME	Wigglesworth, Robert	
5.3 STREET ADDRESS	5619 N.W. 52 Terrace	
5.4 CITY-ST-ZIP	Gainesville, FL 32606	
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 included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-19-95

(904) 373-4475

Renae Clements, Executive Director/Registered Agent