

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46179

FILED
Jan 03, 2006
Secretary of State

Entity Name: GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3120455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CLEMENTS, RENAE
2223 NW 21ST PLACE.
GAINESVILLE, FL 32605 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: _____

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, RUTH H.,
Address: 412 S.W. 88TH TERR.
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: BRYAN, ROBERT A
Address: 9518 S.W. 56TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: PD () Delete
Name: TUBB, MARILYN
Address: 3133 NW 62ND TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: DT () Delete
Name: WIGGLESWORTH, ROBERT
Address: 5619 NW 52 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: VPD (X) Delete
Name: MALLORY, JOHNNY
Address: 13411 MILLHOPPER ROAD
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, ELIZABETH
Address: 5915 NW 27TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD (X) Change () Addition
Name: AYERS, KAY
Address: 6222 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VP (X) Change () Addition
Name: GRADDY, FRANK
Address: 6515 NW 77TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: DT (X) Change () Addition
Name: WIGGLESWORTH, ROBERT
Address: 11419 NW 71ST WAY
City-St-Zip: ALACHUA, FL 32615

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RENAE GRAY CLEMENTS

ED

01/03/2006

Electronic Signature of Signing Officer or Director

Date