

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90353 011 \*\*\*\*61.25

**DOCUMENT # N46179**

1. Entity Name

**GIRLS CLUB OF ALACHUA COUNTY FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3120455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>ALEXANDER, RUTH H.</b>	<b>412 S.W. 88TH TERR.</b>	<b>GAINESVILLE FL</b>	
	<b>SD</b>			
	<b>BRYAN, ROBERT A</b>	<b>9518 S.W. 58TH PLACE</b>	<b>GAINESVILLE FL 32608</b>	
	<b>PD</b>			
	<b>TUBB, MARILYN</b>	<b>3133 NW 62ND TERRACE</b>	<b>GAINESVILLE FL 32606</b>	
	<b>DT</b>			
	<b>WIGGLESWORTH, ROBERT</b>	<b>5619 NW 52 TERRACE</b>	<b>GAINESVILLE FL</b>	
	<b>VPD</b>			
	<b>MALLORY, JOHNNY</b>	<b>13411 MILLHOPPER ROAD</b>	<b>GAINESVILLE FL 32653</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **Treasurer**, 1-10-03 (352) 373-4475