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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004552 (6)**

1. Corporation Name

AMERICAN FAMILY ASSOCIATION OF ALACHUA COUNTY, I NC.

Principal Place of Business

Mailing Address

**802 NW 75TH ST
SUITE 360
GAINESVILLE FL 32607**

**502 NW 75TH ST
SUITE 360
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

59-3204800

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

6. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, DORIS L
5771 N.W. 4 PLACE
GAINESVILLE FL 32607**

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 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 **Doris L. Perry**

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

Doris L. Perry

(NOTE: Registered Agent signature required when reinstating)

3-12-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **MELCHIOR, JUANITA**
STREET ADDRESS **HC1 BOX 2677**
CITY-ST-ZIP **BRONSON FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **10251 NE 92 PL**
1.4 CITY-ST-ZIP **BRONSON FL 32621-3646**

TITLE **DV** ☐ DELETE
NAME **JENNINGS, HARLAN**
STREET ADDRESS **307 SW 80TH BLVD**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **DS** ☒ DELETE
NAME **CROOM, WESLY**
STREET ADDRESS **1915 SW 43RD AVE**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **PERRY, DORIS**
STREET ADDRESS **5771 NW 4TH PL**
CITY-ST-ZIP **GAINESVILLE FL 32607**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GORDON, GIBBY**
STREET ADDRESS **8129 SW 57TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

5.1 TITLE **DS** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **JERRELL, ROY**
STREET ADDRESS **5514 NW 23RD AVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

6.1 TITLE ☐ Change ☐ 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)(i), 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: **Juanita Melchior**

3-12-98 3523378751

CP2E037 (10/97)