


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90005 048 \*\*\*\*61.25

<b>DOCUMENT # N96000003612</b>	
1. Entity Name <b>ALACHUA COUNTY RETIRED EDUCATORS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1001 NW 34TH STREET GAINESVILLE, FL 32605 US</b>	Mailing Address <b>939 SE 12TH AVE GAINESVILLE, FL 32601-8013</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>3915 NW 37th Place</b> Suite, Apt. #, etc.
City & State	City & State <b>Gainesville, FL</b>
Zip	Country <b>USA</b>



03192006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3398570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MOSLEY, THELMA J 939 SE 12TH AVE GAINESVILLE, FL 32601-8013</b>	7. Name and Address of New Registered Agent Name <b>Harriet C. Spangler</b> Street Address (P.O. Box Number is Not Acceptable) <b>3915 NW 37th Place</b> City <b>Gainesville, FL</b> Zip Code <b>32606</b>
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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 Harriet C. Spangler, president DATE 3/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSLEY, THELMA J 939 SE 12TH AVE GAINESVILLE, FL 326018013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPANGLER, Harriet C. 3915 NW 37th Place Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOANGLER, HARRIET C 3915 NW 37TH PLACE GAINESVILLE, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PHILLIP, Germaine J. 4401 NW 19th Avenue Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BICE, WENDY 9207 SW 21ST AVE GAINESVILLE, FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WHITE, Mary 2036 NW 18th Lane Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEOPLES, ALFRED C 611 SE 13TH TERR GAINESVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HOCTOR, Lorraine 5014 NW 71st Place Gainesville, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSLEY, THELMA J 939 SE 12TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, Thelma J. 939 SE 12th Avenue Gainesville, FL 32601-8013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JOSEPH G HC1, BOX 122 HAMPTON, FL 32044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEOPLES, Alfred C. 611 SE 13th Terrace Gainesville, FL 32641 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Harriet C. Spangler Harriet C. Spangler 3/20/06 352-378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 5591