

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003612

FILED
Jan 31, 2010
Secretary of State

Entity Name: ALACHUA COUNTY RETIRED EDUCATORS ASSOCIATION, INC.

Current Principal Place of Business:

1001 NW 34TH STREET
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

3915 NW 37TH PL
GAINESVILLE, FL 32606

New Mailing Address:

5014 NW 71ST PLACE PL
GAINESVILLE, FL 32653

FEI Number: 59-3398570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMAINE, PHILIP
4401 NW 19 AVE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

HOCTOR, LORRAINE
5014 NW 71ST PLACE
GAINESVILLE, FL 32653 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: LORRAINE HOCTOR

01/31/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOYLES, BETH
Address: 822 NW 94TH STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD
Name: KINER, JEAN
Address: 1248 SE 13TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: TD
Name: HOCTOR, LORRAINE
Address: 5014 NW 71 PL
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: MOSLEY, THELMA J
Address: 939 SE 12TH AVE
City-St-Zip: GAINESVILLE, FL 32601

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE HOCTOR

TD

01/31/2010

Electronic Signature of Signing Officer or Director

Date