

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 020 ****61.25

DOCUMENT # N96000005384

1. Entity Name
SUSTAINABLE ALACHUA COUNTY, INC.



Principal Place of Business
**300 EAST UNIVERSITY AVE.
GAINESVILLE, FL 32601**

Mailing Address
**P.O. BOX 2772
GAINESVILLE, FL 32602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3406094

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIELSEN, WARREN
3524 N.W. 10TH AVE
GAINESVILLE, FL 32605**

Name **Diane Depuydt**

Street Address (P.O. Box Number is Not Acceptable)
1245 NE 20th Place

City **Gainesville**

FL

Zip Code
32609

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

Diane Depuydt

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **S** ☒ Delete
NAME **NIELSEN, WARREN**
STREET ADDRESS **3524 NW 10 AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **Secretary/Director** ☐ Change ☒ Addition
NAME **Susan Marynowski**
STREET ADDRESS **5111 SE 193rd Terrace**
CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **D** ☒ Delete
NAME **CARR, DAVID**
STREET ADDRESS **1721 NW 10TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **Executive** ☐ Change ☒ Addition
NAME **Dedee DeLongpre**
STREET ADDRESS **530 NW 2nd Street**
CITY-ST-ZIP **Gainesville FL 32601**

TITLE **TD** ☐ Delete
NAME **DEPUYT, DIANE**
STREET ADDRESS **2603 NW 13 ST., #219**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Diane Depuydt**
STREET ADDRESS **1245 NE 20th Place**
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE **DV** ☐ Delete
NAME **LAW, ALISON**
STREET ADDRESS **4524 SW 105 DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ORMAN, T.A.**
STREET ADDRESS **9210 NW 59 ST**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BRUDERLY, DAVE**
STREET ADDRESS **1826 NW 57 TERR**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Kathy Cantwell, MD**
STREET ADDRESS **400 NE 13th Avenue**
CITY-ST-ZIP **Gainesville, FL 32601**

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 the empowered.

SIGNATURE: *Diane Depuydt, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05
Date

352-692-2955
Daytime Phone #