

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005384

FILED  
May 04, 2009  
Secretary of State

Entity Name: SUSTAINABLE ALACHUA COUNTY, INC.

## Current Principal Place of Business:

300 EAST UNIVERSITY AVE.  
GAINESVILLE, FL 32601

## New Principal Place of Business:

322 SW 4TH AVE  
GAINESVILLE, FL 32601

## Current Mailing Address:

P.O. BOX 2772  
GAINESVILLE, FL 32602

## New Mailing Address:

FEI Number: 59-3406094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CANTWELL, KATHLEEN  
400 NE 13 AVE  
GAINESVILLE, FL 32601      US

## Name and Address of New Registered Agent:

AMISH, MICHAEL K MR.  
2109 NE 12TH ST  
GAINESVILLE, FL 32609      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: MICHAEL K AMISH

05/04/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MARYNOWSKI, SUSAN  
Address: 5111 SE 193RD TERRACE  
City-St-Zip: HAWTHORNE, FL 32640

Title: DP      ( ) Delete  
Name: DEPUTT, DIANE  
Address: 1245 NE 20TH PLACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: SD      ( ) Delete  
Name: MACKENZIE, MICKIE  
Address: 2554 SW 14TH DR  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD      (X) Delete  
Name: CANTWELL, KATHY MD  
Address: 400 NE 13TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP      (X) Change ( ) Addition  
Name: ANNA, PRIZZIA T  
Address: 548 NE 5TH ST  
City-St-Zip: GAINESVILLE, FL 32601

Title: TD      (X) Change ( ) Addition  
Name: AMISH, MICHAEL  
Address: 2554 SW 14TH DR  
City-St-Zip: GAINESVILLE, FL 32609

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL AMISH

TD

05/04/2009

Electronic Signature of Signing Officer or Director

Date