2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001592

FILED Apr 29, 2009 Secretary of State

Entity Name: ALACHUA LEADERSHIP ALLIANCE - CITIZENS HELPING US ALL, INC.

Current Principal Place of Business:		New Principal Place of Business:		
14625 NW ALACHUA	/ 144 ST A, FL 32615	US		
Current Mailing Address:		New Mailing Address:		
PO BOX 6 ALACHUA	527 A, FL 32616	US		
FEI Number	: 59-3678881	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
14625 NW	OBERT A			
ALACHUA	A, FL 32615	US		
The above	A, FL 32615		purpose of changing its registere	d office or registered agent, or both,
The above	A, FL 32615 e named entity e of Florida.		purpose of changing its registere	d office or registered agent, or both,
The above in the State	A, FL 32615 e named entity e of Florida. RE:			d office or registered agent, or both, Date
The above in the State SIGNATU	A, FL 32615 e named entity e of Florida. RE:	y submits this statement for the onic Signature of Registered Ag	ent	
The above in the State SIGNATUI OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRE	y submits this statement for the poinc Signature of Registered Agenta CTORS:) Delete ERT A 14 ST	ent	Date
The above in the State SIGNATU	e named entity e of Florida. RE: Electro S AND DIRE D (PEREZ, ROB 14625 NW 14 ALACHUA, FL	onic Signature of Registered Age CTORS: Delete ERT A 32615 Delete MARA AND	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: JAMES W. STEPHENS DIR 04/29/2009