## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763649** 

Entity Name: HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY,

**INCORPORATED** 

**Current Principal Place of Business:** 

3303 NW 83 ST

GAINESVILLE, FL 32606

**Current Mailing Address:** 

3303 NW 83 ST

GAINESVILLE, FL 32606 US

FEI Number: 59-2217411 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWAIN, MARK A 3303 NW 83 ST

GAINESVILLE, FL 32606 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:

Electronic Signature of Registered Agent

Date

**FILED** Feb 06, 2019

**Secretary of State** 

9853657166CC

Officer/Director Detail:

Title PAST PRESIDENT Title **PRESIDENT** 

Name ROTHROCK, THOMAS P Name TANNER, STEPHEN Address 3134 NW 58TH BLVD Address 5700 SW 34TH ST

City-State-Zip: GAINESVILLE FL 32606 City-State-Zip: GAINESVILLE FL 32608

Title Title **SECRETARY** 

PARKER, ERIC Name COSTELLO, CATHY Name

Address 2525 NW 19TH WAY Address 4880 NEWBERRY RD City-State-Zip: GAINESVILLE FL 32607 City-State-Zip: GAINESVILLE FL 32605

Title **TREASURER** Name DOERR, BEN

SIGNATURE: BEN DOERR

1411 NW 46TH TERRACE Address GAINESVILLE FL 32605 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

02/06/2019

Date