

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35328

Entity Name: ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

Current Principal Place of Business:

401 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601-5433

Current Mailing Address:

401 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601-5433 US

FEI Number: 59-3014156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIVINGSTON, SHANEY
401 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: SHANEY LIVINGSTON

01/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name MACDONALD, MAGGIE
Address 401 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601-5433

Title D
Name SHANEY, LIVINGSTON
Address 401 E UNIV AVE
City-State-Zip: GAINESVILLE FL 32601

Title VICE-PRESIDENT, DIRECTOR
Name AUSTIN, MITZI C
Address 401 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601-5433

Title PRESIDENT, DIRECTOR
Name REISKIND, JON
Address 401 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601-5433

Title TREASURER, DIRECTOR
Name GENDREAU, BRIAN
Address 401 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601-5433

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: JON REISKIND

PRESIDENT

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date