

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41822

Entity Name: ELDER CARE OF ALACHUA COUNTY, INC.**Current Principal Place of Business:**5701 NW 34TH STREET
GAINESVILLE, FL 32653**Current Mailing Address:**P. O. BOX 100303
GAINESVILLE, FL 32610 US**FEI Number:** 59-3051104**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GALLO, VIVIAN M
3007 S.W. WILLISTON ROAD
SUITE 1A
GAINESVILLE, FL 32608 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

Officer/Director Detail :

Title	D
Name	KATZ, MICHAEL
Address	2625 N MAIN STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	TD
Name	CARTER, DENNIS
Address	1329 SW 16TH STREET/100336
City-State-Zip:	GAINESVILLE FL 32610

Title	D
Name	PAULK, ZACK
Address	18815 NW 115TH AVE.
City-State-Zip:	ALACHUA FL 32615

Title	D
Name	BUFORD, THOMAS
Address	P. O. BOX 112610
City-State-Zip:	GAINESVILLE FL

Title	SD
Name	CLARIZIO, ANTHONY
Address	3850 NW 83RD STREET, SUITE 201
City-State-Zip:	GAINESVILLE FL 32606

Title	D
Name	CHUMACK, DANIELLE
Address	7207 SW 24TH AVENUE
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	ANCHORS, JR
Address	6500 W. NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	CATALANOTTO, REBECCA
Address	THE VILLAGE 8000 N. W. 27TH BLVD.
City-State-Zip:	GAINESVILLE FL 32606

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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: ANTHONY CLARIZIO**SECRETARY****01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name CHUMACK, MERT
Address 602 LAURA STREET
City-State-Zip: STARKE FL 32091

Title D
Name DROTOS, DAN
Address 5532 N. W. 43RD STREET
City-State-Zip: GAINESVILLE FL 32653

Title VC/D
Name HOLT, JOCELYN
Address 1035 N. W. 57TH STREET
City-State-Zip: GAINESVILLE FL 32605

Title D
Name JOHNSON, DOUG
Address 3225 N. W. 13TH STREET
City-State-Zip: GAINESVILLE FL 32609

Title D
Name LEWIS, WANDA
Address 621 S. E. DEPOT AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name ROBERTS, REBECCA
Address 3300 S. W. WILLISTON ROAD
City-State-Zip: GAINESVILLE FL 32608

Title D
Name SAMAC, MARIE
Address 4045 N. W. 46TH AVENUE
City-State-Zip: GAINESVILLE FL 32606

Title D
Name TRAYNHAM, JEFFREY H.
Address 3633 N. W. 23RD TERRACE #202
City-State-Zip: GAINESVILLE FL 32605

Title D
Name CECCHINI, MARINA T.
Address 4101 N.W. 89TH BLVD.
City-State-Zip: GAINESVILLE FL 32606

Title D
Name DEGANCE, MEGAN
Address 4140 N. W. 37TH PLACE
SUITE D
City-State-Zip: GAINESVILLE FL 32606

Title D
Name GROEB, ROBERT K
Address 201 EAST UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name JIMENEZ, EDWARD
Address P. O. BOX 100326
City-State-Zip: GAINESVILLE FL 32610

Title D
Name KERR, KELLY
Address P. O. BOX 100354
City-State-Zip: GAINESVILLE FL 32610

Title D
Name LYONS, RAVINIA
Address 1700 N. W. 80TH BLVD.
City-State-Zip: GAINESVILLE FL 32606

Title D
Name BENTON, JERRY
Address P. O. BOX 147029
City-State-Zip: GAINESVILLE FL 32614

Title P/D
Name TONEY, A. SCOTT
Address 804 N. W. 16TH AVENUE
SUITE B
City-State-Zip: GAINESVILLE FL 32601

Title D
Name BRASINGTON, MONICA J.
Address 201 E. UNIVERSITY AVENUE
ROOM 301
City-State-Zip: GAINESVILLE FL 32601