

2022 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 BLVD.
GAINESVILLE, FL 32653**Current Mailing Address:**P. O. BOX 100303
GAINESVILLE, FL 32610 US**FEI Number:** 59-3051104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, THOMAS WILLIAM
201 SE 2ND AVENUE, SUITE 209
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:** THOMAS WILLIAM YOUNG

02/01/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T/D
Name	THORNTON, ROBERT
Address	1329 SW 16TH STREET/BOX 100336
City-State-Zip:	GAINESVILLE FL 32610

Title	P/D
Name	ANCHORS, JR (CHARLES)
Address	1035 NW 57TH STREET
City-State-Zip:	GAINESVILLE FL 32605

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

Title	D
Name	TONEY, A. SCOTT
Address	925-B NW 56TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	HERSEY, TONI
Address	3300 SW WILLISTON ROAD
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	CRUZ-ALMEIDA, YENISEL
Address	2004 MOWRY ROAD
City-State-Zip:	GAINESVILLE FL 32611

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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: KACY EALY**SECRETARY/DIRECTOR**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BAKER, RYAN
Address 2526 NW 31ST TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title D
Name BRANDT, ANNA MICHELLE
Address 1600 SW ARCHER RD, ROOM G1-008B
P. O. BOX 100326
City-State-Zip: GAINESVILLE FL 32610

Title D
Name MCMILLAN, CHARLOTTE
Address 1700 80TH BLVD.
City-State-Zip: GAINESVILLE FL 32653

Title D
Name MURPHY, JAKE
Address 4140 NW 37 PLACE
SUITE B
City-State-Zip: GAINESVILLE FL 32606

Title D
Name TAYLOR, PAULINE
Address 4200 NW 90TH BLVD.
City-State-Zip: GAINESVILLE FL 32606

Title D
Name DOLAN, MARIE
Address 445 SW 132ND TERRACE
City-State-Zip: NEWBERRY FL 32669

Title D
Name TRELLA, ALENA
Address 2205 NW 40TH TERRACE, SUITE B
City-State-Zip: GAINESVILLE FL 32605

Title D
Name BRUNNER, RUTH
Address 3605 NW 83RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title D
Name JONES, FRANK
Address 18815 NW 115 AVE
City-State-Zip: ALACHUA FL 32615

Title S/D
Name EALY, KACY
Address 5701 NW 34TH BLVD.
City-State-Zip: GAINESVILLE FL 32653

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