

2020 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:** No**Name and Address of Current Registered Agent:**ICAZA, BERNABE
3007 SW 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 SD
Name CLARIZIO, ANTHONY
Address 5701 NW 34TH BLVD.
City-State-Zip: GAINESVILLE FL 32653

Title D
Name ANCHORS, JR (CHARLES)
Address 1035 NW 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 TD
Name THORNTON, ROBERT
Address 1329 SW 16TH STREET/BOX 100336
City-State-Zip: GAINESVILLE FL 32610

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

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

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

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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****03/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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 D
Name RILEY, ROXANNE T.
Address 4200 NW 90 BLVD
City-State-Zip: GAINESVILLE FL 32606