

2019 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	CHUMACK, DANIELLE
Address	7207 SW 24TH AVENUE
City-State-Zip:	GAINESVILLE FL 32607

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

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

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

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

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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****02/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

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 RODRIGUEZ, ANIBAL
Address 231 NE SANCHEZ AVENUE
City-State-Zip: OCALA FL 34470

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

Title D
Name MATTSON, GAYLE
Address 4200 NW 90TH BLVD
City-State-Zip: GAINESVILLE FL 32606

Title D
Name LYONS, RAVINIA
Address 10267 SW 52ND AVENUE
City-State-Zip: GAINESVILLE FL 32606

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 RUSZCZYK, ELIZABETH
Address P. O. BOX 103175
City-State-Zip: GAINESVILLE FL 32610

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