

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 048 ****61.25

DOCUMENT # 712552

1. Entity Name

**THE JUNIOR LEAGUE OF GAINESVILLE, FLORIDA,
INCORPORATED**



Principal Place of Business

430-A NORTH MAIN ST
GAINESVILLE FL 32601
US

Mailing Address

430-A NORTH MAIN ST
GAINESVILLE FL 32601



2. Principal Place of Business - No P.O. Box #

430-A North Main ST

Suite, Apt. #, etc.

3. Mailing Address

430-A North Main ST

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

US

Zip

32601

Country

US

4. FEI Number

59-6141366

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

GILLMAN, LAURA L
901 N.W. 57TH STREET
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name **SPINAK, ERIN**

Street Address (P.O. Box Number is Not Acceptable)

430-A N. Main St.

City **Gainesville**

FL

Zip Code

32601

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Erin Spwan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PRES** Delete
NAME **PAPA, BARZELLA**
STREET ADDRESS **430-A N. MAIN STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **PVPF** Delete
NAME **GILLMAN, LAURA**
STREET ADDRESS **901 NW 57TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **PE** Delete
NAME **TONEY, DONNA JO**
STREET ADDRESS **430-A NORTH MAIN ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** Change Addition
NAME **DONNA JO TONEY**
STREET ADDRESS **430-A N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **PE** Change Addition
NAME **Farris, Sheryllyn**
STREET ADDRESS **430-A N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **PVPF** Change Addition
NAME **SPINAK, ERIN**
STREET ADDRESS **430-A N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Erin Spwan

2/27/08 376-3805