

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008473

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** GAINESVILLE ASSOCIATION OF DIABETES EDUCATORS, INC.

**Current Principal Place of Business:**

117 PEARSALL CIRCLE  
MELROSE, FL 326660508 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 508  
MELROSE, FL 32666 US

**New Mailing Address:**

FEI Number: 27-0823566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

EATON, JEANNE S  
117 PEARSALL CR  
MELROSE, FL 32666 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EATON, JEANNE S  
Address: 117 PEARSALL CR/POB 508  
City-St-Zip: MELROSE, FL 32666 US

Title: VP  
Name: SLITER, LISA  
Address: 1103 SW 80TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: T  
Name: BROWN, CAREN L  
Address: 2618 SW 101ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: S  
Name: ARMADA, LINDA  
Address: 3489 NE 71ST AVE  
City-St-Zip: HIGH SPRINGS, FL 32643 US

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: JEANNE S EATON

PRES

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date