

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008473

FILED
Mar 19, 2012
Secretary of State

Entity Name: GAINESVILLE ASSOCIATION OF DIABETES EDUCATORS, INC.

Current Principal Place of Business:

1103 SW 80TH TERRACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

1103 SW 80TH TERRACE
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 27-0823566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINESVILLE ASSN OF DIABETES EDUCATORS
1103 SW 80TH TERRACE
GAINESVILLE, FL 32607 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: SLITER, LISA
Address: 1103 SW 80TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VP
Name: SANDO, KAREN
Address: 5115 SW 92ND CT.
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T
Name: LINGO, LINDA
Address: 111 NW 28TH ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: S
Name: HENCHER, MARY
Address: 25261 SW 20TH AVE
City-St-Zip: NEWBERRY, FL 32669 US

Title: PP
Name: EATON, JEANNE
Address: 117 PEARSALL CR(PO BOX 508)
City-St-Zip: MELROSE, FL 326660508 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: LISA SLITER

P

03/19/2012

Electronic Signature of Signing Officer or Director

Date