

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008473

Entity Name: GAINESVILLE ASSOCIATION OF DIABETES EDUCATORS, INC.

FILED
Apr 22, 2015
Secretary of State
CC5542735955

Current Principal Place of Business:

10529 SW 22ND AVE
GAINESVILLE, FL 32607

Current Mailing Address:

10529 SW 22ND AVE
GAINESVILLE, FL 32607 US

FEI Number: 27-0823566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAINESVILLE ASSN OF DIABETES EDUCATORS
10529 SW 22ND AVE
GAINESVILLE, FL 32607 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 P
Name SLITER, LISA
Address 1103 SW 80TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

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

Title T
Name RODRIGUEZ, JOYCE
Address 619 S. MARION AE
City-State-Zip: LAKE CITY FL 32025

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

Title PP
Name EATON, JEANNE
Address 117 PEARSALL CR(PO BOX 508)
City-State-Zip: MELROSE FL 32666-0508

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

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date