

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008473

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

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC9204526587**

**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**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date