

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N05000006192

Entity Name: GAINESVILLE FRIENDS SCHOOL, INC.

Current Principal Place of Business:

3535 NW 40 TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3535 NW 40 TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3819414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINEFORDNER, LAURA
3535 NW 40 TERRACE
GAINESVILLE, FL 32606 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 () Delete
Name: WINEFORDNER, LAURA
Address: 3535 NW 40 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: BRENNAN, BERNARD
Address: 22151 NE 151 LANE
City-St-Zip: SALT SPRINGS, FL 32134

Title: D () Delete
Name: BUSKIRK, JEANNIE
Address: PO BOX 715
City-St-Zip: MCINTISH, FL 32664

Title: D () Delete
Name: MULLER, MARILYN
Address: 735 NE 12 AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: KILGORE, KAREN
Address: 1021 SW 96 ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: LARSON, JEAN
Address: 3857 SW 5 PLACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALL, MARILYN
Address: 1424 NE 7 TER
City-St-Zip: GAINESVILLE, FL 32601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA WINEFORDNER

MS

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date