

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006192

FILED
Apr 16, 2009
Secretary of State

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: HALL, MARILYN
Address: 1424 NE 7 TER
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: D (X) Change () Addition
Name: BUSKIRK, JEANNIE
Address: 109 CALLE DE LEON
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: PORTER, KAREN
Address: 2529 NW49 PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: KILGORE, KAREN
Address: 2236 NW 7 LANE
City-St-Zip: GAINESVILLE, FL 32603

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

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date