2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N06000007998

Entity Name: GAINESVILLE ALTRUSA FOUNDATION, INC.

Current Principal Place of Business:

C/O EVAN WEBER, 220 N. MAIN STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

C/O EVAN WEBER, 220 N. MAIN STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 20-5508489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, MARY EVAN
C/O COLLIER-PARADIGM, 220 N. MAIN STREET
GAINESVILLE, FL 32601 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: GUNTER, LAURA
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

Title: VP ( ) Delete
Name: BROWNE, KIMBERLY
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

Title: TR ( ) Delete
Name: WEBER, MARY EVAN
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GUNTER, LAURA
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

Title: VPD (X) Change ( ) Addition
Name: BROWNE, KIMBERLY
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

Title: TRD (X) Change ( ) Addition
Name: WEBER, MARY EVAN
Address: P.O. BOX 14757
City-St-Zip: GAINESVILLE, FL 32604 US

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: MARY EVAN WEBER TRD 03/24/2009

Electronic Signature of Signing Officer or Director — Date