2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000005352

Entity Name: GAINESVILLE AREA WOMEN'S NETWORK, INC.

Current Principal Place of Business:

C/O ELIZABETH DAVIES, CPA
3401 SW 100 ST
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

PO BOX 90386
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HENDRICKS, JANE E ESQUIRE
531 TURKEY CREEK
ALACHUA, FL 32615 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: CD ( ) Delete
Name: BONARTE, SHENNA
Address: PO BOX 357338
City-St-Zip: GAINESVILLE, FL 32635

Title: TD ( ) Delete
Name: O'STEEN, JOAN
Address: PO BOX 2728
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VCD ( ) Delete
Name: KERN, MARTHA
Address: 11116 NW 60 TER
City-St-Zip: ALACHUA, FL 32615

Title: SD ( ) Delete
Name: GAZICH, ASHLEY
Address: 2430 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BENARTE, SHENNA
Address: PO BOX 357338
City-St-Zip: GAINESVILLE, FL 32635

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

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: JOAN O'STEEN TD 01/16/2009
Electronic Signature of Signing Officer or Director — Date