

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005352

FILED
Apr 28, 2011
Secretary of State

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:

C/O ELIZABETH DAVIES, CPA
3911 W. NEWBERRY RD, STE C-2
GAINESVILLE, FL 32607

Current Mailing Address:

PO BOX 90386
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 27-0467272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

DAVIES, ELIZABETH CPA
3911 W. NEWBERRY RD, STE C-2
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: ELIZABETH DAVIES

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: KAREN, HARVEY
Address: 24B NW 33RD CT
City-St-Zip: GAINESVILLE, FL 32607

Title: TD
Name: PAYNE, PAMELA B
Address: 6601 NW 335D TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VCD
Name: ROBIN, ROSSI
Address: 6933 NW 4TH BLVD
City-St-Zip: GAINESVILLE, FL 32607

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

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: PAMELA B. PAYNE

TD

04/28/2011

Electronic Signature of Signing Officer or Director

Date