

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008320

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** ALTRUSA CLUB OF GAINESVILLE, FL INC

**Current Principal Place of Business:**

2709 NW 90TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14757  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-6153151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRY, ANGELA L  
2709 NW 90TH 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  
Name: DAVIS, MARY JEAN  
Address: 6228 NW 35TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: VP  
Name: BICE, WENDY  
Address: 9207 SW 21ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VP  
Name: GIBBS, LEAH  
Address: 4832 NW 76TH ROAD  
City-St-Zip: GAINESVILLE, FL 32653

Title: T  
Name: PERRY, ANGELA  
Address: 2709 NW 90TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: S  
Name: WEBER, MARY EVAN  
Address: PO BOX 15205  
City-St-Zip: GAINESVILLE, FL 32604

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: ANGELA L PERRY

T

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date