FILED Mar 09, 2007 8:00 am Secretary of State

ANNUAL	REPORT (AR)	
DOCUMENT # N18945		A STATE OF THE PARTY OF THE PAR

1. Entity Name LEAGUE OF WOMEN VOTERS OF ALACHUA COUNTY/GAINESVILLE, INC.					D2-16-200	•			
Principal Plac	ce of Business	Mailing Address	•						
8333 SW 4 GAINESVIL US	TH PLACE LE FL 32607	P.O. BOX 15285 GAINESVILLE FL 3260 US	8	}			OFF STILL STATE OF THE		
2. Principal F	Principal Place of Business - No P.O. Box # 3. Mailing Address			1 17011191 01)	211 EIN A1511 21911	BIRNI BIRN MARI I	FTATILIST OF EBET	
Suito, Apt.	Suite, Apt. #, etc. Suite, Apt. #, otc.		_	1st MC	ORE	CR2E037	(10/06)		
City & Star	le	City & Stato			4. FEI Number	59-61783°	12	-	pplied For lot Applicable
Zρ	Country	Zip	Country		5. Certificate of Si	alus Desired		\$8.75 Ad Fee Requir	
	6. Name and Address of Current Registered Agent		Name		7. Name and Add	iress of New	Registered.	Agent	··-·
BAI	MOVODADHVAV BOCALIE		Namo						
BANDYOPADHYAY, ROSALIE B333 SW 4TH PLACE GAINESVILLE FL 32607		Stroet A	Address (P.O. Box Number is Not Acceptable)						
	***		City				FL	Zip Cod	de
8. The above	e named ontity submits this statement to	r the purpose of changing its r	egistered office or	r registore	ed agent, or both, in	the State of F		lamiliar with	, and accept
tho obliga	dions of rogistered agent.								·
SIGNATURE	Signature, ypeg or privide layrist of registates again.	Children Children	n						
-	Signature, whether plant territory is remainded agreet.	Supplemental (2021)	Registered Agent legilot 	ITNA LACITATION	e. At. (At. (2) (Lind))		DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		ake Checi ida Depar		
10.	OFFICERS AND DIF	· · · · · · · · · · · · · · · · · · ·	11,		DDITIONS/CHANG	ES TO OFFICE	ERS AND DI		
I I I I I I I I I I I I I I I I I I I	PD Goods 60 17 GIDDUGID; CRYSTAL	☐ Ociele	IFTLL NAME	PO	liena Car	1.4.		Ø Change Spe\(Addition
STREET ADDRESS	1515 NE 9TH ST GAINESVILLE FL 32601		STREET ADDITESS - CITY SE ZIP	1515	lison, Ciy s NE 9 s incs. ile f	r 221	-1	spe u	گ
mut	VD VD	Dotele	TITLE	الدورور	inesi. II p. 1	326	0	☐ Change	☐ Addition
NAME	SPRINGFIELD, JENNIFER		NAMI						
SHIFT ADDRESS CITY ST-71P	9621 SW 54TH RD GAINESVILLE FL 32608		STREET ADDITIONS CITY ST 7NP						
IS:T	TD	☐ Defete	TOLE	-	-			☐ Change	Addition
NAME NEGO CEADINOLES	STAFF, BILLIE	_	NAMF SCREET LOGERATIO						
CHY SI-7IP	5526 NW 25TH TERR GAINESVILLE FL 32653		STREET ADDICESS CITY-ST-71P						
thir	SD	☐ Delete	19781					Change	Addition .
NAME SITIELI ADDRESS	BANDYOPADHYAY, ROSALIE		NAMIL SIDEELADORESS						
CHY ST-ZIP	8333 SW 4TH PL GAINESVILLE FL 32607		CITY ST 78						
TIDLE	VD	☐ Delete	HILL		·		*	Change	Addition
NAME STRELL ADDRESS	DUDLEY, SUE 2056 NW 55TH BLVD APT A4		NAMI SIRLET ADORI SS						
CITY+ST-7IP	GAINESVILLE FL 32653		CITY-S1-7IP						
Int		☐ Delele	IIII£					☐ Change	Addition
NAME STREET ADDRESS	}		NAME STREET ADDRESS						
CITY-SI-ZIP			CHY SE-7P						
12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the receiver or trusted compowerized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like or properties.									
indicated of the co	d on this report or supplemental report is progration or the receiver or truston com-	s true and accurate and that my	y signature shall h as required by Ch	SOUGH BALLET	ema lacal attact as i	t made under	andbuthall	im an olficei in Block 10	or director or Block 11
indicated of the co	d on this report or supplemental report is imporation or the receiver or trustee emporation or an attachment with an address	s true and accurate and that my	y signature shall h as required by Ch	SOUGH BALLET	ema lacal attact as i	t made under	andbuthall	im an olficei in Block 10 3 5 7	or director or Block 11