

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2007 90040 016 ****61.25

DOCUMENT # N18945 1. Entity Name LEAGUE OF WOMEN VOTERS OF ALACHUA COUNTY/GAINESVILLE, INC.						
Principal Place of Business 8333 SW 4TH PLACE GAINESVILLE FL 32607 US			Mailing Address P.O. BOX 15285 GAINESVILLE FL 32608 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-6178312		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BANDYOPADHYAY, ROSALIE 8333 SW 4TH PLACE GAINESVILLE FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Goodison GIDDUGH, CRYSTAL 1515 NE 9TH ST GAINESVILLE FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Goodison, Crystal 1515 NE 9TH ST GAINESVILLE FL 32601	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				Spelling		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPRINGFIELD, JENNIFER 9621 SW 54TH RD GAINESVILLE FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAFF, BILLIE 5526 NW 25TH TERR GAINESVILLE FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANDYOPADHYAY, ROSALIE 8333 SW 4TH PL GAINESVILLE FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUDLEY, SUE 2056 NW 55TH BLVD APT A4 GAINESVILLE FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>Billie B. Staff</i>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: <i>3-07-07</i>						
Telephone: <i>352-338-8352</i>						