

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18945

FILED
Aug 25, 2008
Secretary of State

Entity Name: LEAGUE OF WOMEN VOTERS OF ALACHUA COUNTY/GAINESVILLE, INC.

Current Principal Place of Business:

8333 SW 4TH PLACE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15285
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-6178312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BANDYOPADHYAY, ROSALIE
8333 SW 4TH PLACE
GAINESVILLE, FL 32607 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: PD () Delete
Name: GOODISON, CRYSTAL
Address: 1515 NE 9TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: VD () Delete
Name: SPRINGFIELD, JENNIFER
Address: 9621 SW 54TH RD
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: STAFF, BILLIE
Address: 5526 NW 25TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: BANDYOPADHYAY, ROSALIE
Address: 8333 SW 4TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: DUDLEY, SUE
Address: 2056 NW 55TH BLVD APT A4
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BILLIE B. STAFF

TREA

08/25/2008

Electronic Signature of Signing Officer or Director

Date