

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000608

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** GAINESVILLE COMMISSION ON THE STATUS OF WOMEN, INC.

**Current Principal Place of Business:**

5116 SW 94TH STREET  
GAINESVILLE, FL 326084177

**New Principal Place of Business:**

4316 NW41ST LNAE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

P.O. BOX 13245  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-3222382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWANSON, CYNTHIA S  
500 E. UNIVERSITY AVE.  
STE. C  
GAINESVILLE, FL 32601 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: DP ( ) Delete  
Name: WILKES, JOANN  
Address: 3000 NW 83 ST M135  
City-St-Zip: GAINESVILLE, FL 32606

Title: DT ( ) Delete  
Name: BEEN, ELISKA  
Address: 2615 NW 67TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: DS ( ) Delete  
Name: SILBERT, MEGAN  
Address: 2101 N.E. 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete  
Name: DARABI, TARANEH  
Address: 6809 NW 48 LN  
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: JOANN S. WILKES

PRES

01/07/2008

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

\_\_\_\_\_  
Date