


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90250 007 ****61.25

DOCUMENT # N00000006181

1. Entity Name
GAINESVILLE ADVERTISING FEDERATION, INC.



Principal Place of Business
**C/O BAIRD CENTER
 619 S. MAIN ST., STE. K
 GAINESVILLE, FL 32601**

Mailing Address
**P.O. BOX 142107
 GAINESVILLE, FL 32614**

24058050



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03082004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3662233

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, KINNON
 619 S MAIN ST STE K
 GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, POLLY <input checked="" type="checkbox"/> Delete 619 S MAIN ST STE K GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PISANI, DR JOE <input checked="" type="checkbox"/> Delete 619 S MAIN ST STE K GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTOX, LIZ <input type="checkbox"/> Delete 619 S. MAIN ST., STE. K GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTER, NITA <input type="checkbox"/> Delete 619 MAIN ST. SUITE K GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASYLOW, DAMION <input type="checkbox"/> Delete 619 S MAIN ST STE K GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bozeman, James 619 S. Main Street, Suite K Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas, Kinnon 619 S. main Street, Suite K Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chester, Nita 619 S. Main Street, Suite K Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wasylow, Damion 619 S. main Street, Suite K Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **LIZ MATTOX** 4-19-04 (352) 376-1893
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #