
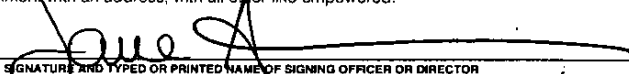


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 002 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3662233	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, KINNON 619 S MAIN ST STE K GAINESVILLE, FL 32601			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, 2005		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	2VP	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZEMAN, JAMES		NAME	Brad Smith	
STREET ADDRESS	619 S MAIN ST STE K		STREET ADDRESS	619 S. Main St. Ste K	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	8	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNON, THOMAS		NAME	Kinnon THOMAS	
STREET ADDRESS	619 S MAIN ST STE K		STREET ADDRESS	619 S Main St. Ste K	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTOX, LIZ		NAME	Jane Anderson	
STREET ADDRESS	619 S. MAIN ST., STE. K		STREET ADDRESS	731 SW 37th AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	688 Ocala FL 34424	
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTER, NITA		NAME	Sue Wagner	
STREET ADDRESS	619 MAIN ST. SUITE K		STREET ADDRESS	619 S. Main St. Ste K	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASYLOW, DAMION		NAME		
STREET ADDRESS	619 S MAIN ST STE K		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/12/05 (352) 479-6926		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40055354



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