


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000002558**

1. Entity Name  
**GRACEVILLE ARTS LEAGUE, INC.**



Principal Place of Business  
**1206 SANDERS AVENUE  
 GRACEVILLE, FL 32440**

Mailing Address  
**P.O. BOX 777  
 GRACEVILLE, FL 32440**

**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**30-0342093**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KINCHEN, TOM  
 1228 SANDERS AVENUE  
 GRACEVILLE, FL 32440**

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCHEN, TOM 1206 SANDERS AVENUE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, STUART 901 COLLEGE DRIVE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JERNIGAN, JOE 1145 10TH AVENUE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, STEPHANIE 1250 SANDERS AVENUE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671381  
 03/28/07-80026-023 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stephanie Long Stephanie Long 3/7/07 203-4471  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #