

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710250

FILED
Mar 20, 2006
Secretary of State

Entity Name: GAINESVILLE AREA CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32601

New Principal Place of Business:

300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32602

Current Mailing Address:

300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32601

New Mailing Address:

300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32602

FEI Number: 59-0258435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSEN, J BRENT
300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

CHRISTENSEN, J BRENT
300 E UNIVERSITY AVE
STE 100
GAINESVILLE, FL 32602 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHRISTENSEN, J. BRENT
Address: 300E UNIVERSITY AVE STE 100
City-St-Zip: GAINESVILLE, FL 32602

Title: CD () Delete
Name: PIERCE, KATHERINE
Address: 3701 NW 98TH ST
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: KRAFT, PETER
Address: 3525 NW 97TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MAHAFFEY, DICK
Address: 5080 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: MAHAFFEY, DICK D
Address: 5080 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change () Addition
Name: THOMAS, KINNON K
Address: 619 SOUTH MAIN STREET, SUITE K
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Change () Addition
Name: WALSH, MICHAEL
Address: 3455 SW 42ND AVE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: J. BRENT CHRISTENSEN

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date