

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713707

FILED
Feb 22, 2005
Secretary of State

Entity Name: GAINESVILLE ASSOCIATION FOR THE CREATIVE ARTS, INC.

Current Principal Place of Business:

1500 NW 36 WAY
GAINESVILLE, FL 32605

New Principal Place of Business:

1500 NW 36 WAY
GAINESVILLE, FL 32605

Current Mailing Address:

POST OFFICE BOX 12246
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-1307870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMAN, NORMA M
1500 NW 36 WAY
GAINESVILLE, FL 32605 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: D () Delete
Name: HOMAN, NORMA M
Address: 1500 NW 36 WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BARDON, DORIS
Address: 1903 NW 36 DR.
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BROWN, ELAINE
Address: 1517 NW 19 ST.
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: KRAGIEL, SUZANNE
Address: 3105 NW 38 ST.
City-St-Zip: GAINESVILLE, FL

Title: TD () Delete
Name: WILLIAMS, NANCY
Address: 2430 NW 38 ST.
City-St-Zip: GAINESVILLE, FL 32605

Title: C () Delete
Name: GEISER, AMY
Address: 2017 NW 77 ST
City-St-Zip: GAINESVILLE, FL

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:

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 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 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: NORMA M. HOMAN

D

02/22/2005

Electronic Signature of Signing Officer or Director

Date