2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# 713707

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:

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:	D	(X) Change ( ) Addition
Name:	FITZGERALD, DAVID	
Address:	10915 NW 202 ST	
City-St-Zip:	ALACHUA, FL 32615	
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 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: N ORMA M. HOMAN D 01/23/2006
Electronic Signature of Signing Officer or Director — Date