


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 050 \*\*\*\*61.25

<b>DOCUMENT # 713707</b> 1. Entity Name <b>GAINESVILLE ASSOCIATION FOR THE CREATIVE ARTS, INC.</b>					
Principal Place of Business <b>1500 NW 36 WAY GAINESVILLE, FL 32605</b>			Mailing Address <b>POST OFFICE BOX 12246 GAINESVILLE, FL 32604</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1307870</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOMAN, NORMA M 1500 NW 36 WAY GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete <b>HOMAN, NORMA M</b> STREET ADDRESS <b>1500 NW 36 WAY</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME				NAME	<b>ED William J. Eyerly</b>
STREET ADDRESS				STREET ADDRESS	<b>15710 NW 171 Lane</b>
CITY-ST-ZIP				CITY-ST-ZIP	<b>High Springs FL 32643</b>
TITLE	D <input checked="" type="checkbox"/> Delete <b>BARDON, DORIS</b> STREET ADDRESS <b>1903 NW 36 DR.</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>BROWN, ELAINE</b> STREET ADDRESS <b>1517 NW 19 ST.</b> CITY-ST-ZIP <b>GAINESVILLE, FL</b>			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>FITZGERALD, DAVID</b> STREET ADDRESS <b>10915 NW 202 ST</b> CITY-ST-ZIP <b>ALACHUA, FL 32615</b>			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete <b>WILLIAMS, NANCY</b> STREET ADDRESS <b>2430 NW 38 ST.</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete <b>GEISER, AMY</b> STREET ADDRESS <b>2017 NW 77 ST</b> CITY-ST-ZIP <b>GAINESVILLE, FL</b>			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

**50000925**



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Applied For  
Not Applicab

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

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete HOMAN, NORMA M 1500 NW 36 WAY GAINESVILLE, FL 32605
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete BARDON, DORIS 1903 NW 36 DR. GAINESVILLE, FL 32605
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BROWN, ELAINE 1517 NW 19 ST. GAINESVILLE, FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete FITZGERALD, DAVID 10915 NW 202 ST ALACHUA, FL 32615
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete WILLIAMS, NANCY 2430 NW 38 ST. GAINESVILLE, FL 32605
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete GEISER, AMY 2017 NW 77 ST GAINESVILLE, FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio William J. Eyerly 15710 NW 171 Lane High Springs FL 32643
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 i

*Norma M. Homan 1/10/07*