

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713707

FILED  
Feb 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

25710 NW 171ST LANE  
HIGH SPRINGS, FL 32643

**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:**

EYERLY, WILLIAM J PH.D.  
25710 NW 171ST LANE  
HIGH SPRINGS, FL 32643 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: EYERLY, WILLIAM J PH.D  
Address: 25710 NW 171ST LANE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: CD ( ) Delete  
Name: KAREN, FIELDING J  
Address: P.O. BOX 12246  
City-St-Zip: GAINESVILLE, FL 32604

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

Title: D ( ) Delete  
Name: FITZGERALD, DAVID  
Address: 10915 NW 202 ST  
City-St-Zip: ALACHUA, FL 32615

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 32605

**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 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: WILLIAM J. EYERLY, PH.D.

D

02/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date