
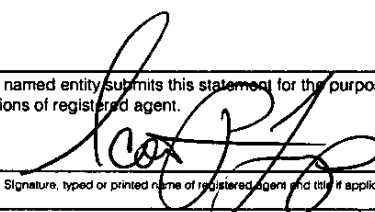
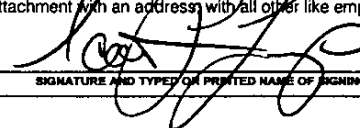


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90172 046 ****70.00

DOCUMENT # 726332			
1. Entity Name GAINESVILLE FINE ARTS ASSOCIATION, INC.			
Principal Place of Business 1215 NW 89TH TERRACE GAINESVILLE, FL 32606 US		Mailing Address P.O. BOX 35-7007 GAINESVILLE, FL 32635 US	
2. Principal Place of Business 1026 NW 22 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville, FL		City & State	
Zip 32603	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CARR, SAM 1215 NW 89TH TERRACE GAINESVILLE, FL 32606		4. FEI Number 59-1595970	
		Applied For Not Applicable	
7. Name and Address of New Registered Agent Name LAMP, Scott Street Address (P.O. Box Number is Not Acceptable) 1026 NW 22 ST City Gainesville FL Zip Code 32603		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 		Scott P. Lamp, President 1/4/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, SAM 1215 NW 89TH TERR GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scott Lamp, Scott 1026 NW 22 ST Gainesville, FL 32603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRINGTON, DORIS P 2222 NW 25TH ST GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, SAM 1215 NW 89TH TERR Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOBODY, RUTH 4047 NW 48TH PLACE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bartz, Sharon 9603 SW 19th AVE Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KRAVCHENKO, OXSANA RT 3 BOX 289 LAKE BUTLER, FL 32053 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Jim Carpenter Jim 8620 NW 13 ST, Lot 183 Gainesville, FL 32653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, THOMAS 948 SW 82ND TERRACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Slobody, Ruth 4047 NW 48TH PL Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, ELLIOT 5529 SW 97TH TERRACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Garrington, Doris 2222 NW 25th ST Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Scott P. Lamp 1/4/06 352-375-5660	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	