

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90031 017 \*\*\*\*61.25

**DOCUMENT # 726332**  
1. Entity Name  
**Gainesville Fine Arts Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>Post Office Box 357007</b> Suite, Apt #, etc		3. Mailing Address <b>Post Office Box 357007</b> Suite, Apt. #, etc,	
City & State <b>Gainesville, Florida</b>		City & State <b>Gainesville, Florida</b>	
Zip <b>32635-7007</b>	Country	Zip <b>32635-7007</b>	Country

V  
**40044884**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1595970</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Scott Lamp**  
Street Address (P.O. Box Number is Not Acceptable)  
**1026 Northwest 22nd Street**

City  
**Gainesville** **FL** Zip Code  
**32603**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Lamp, Scott</b> <b>1026 Northwest 22nd Street</b> <b>Gainesville, Florida 32603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Garrington, Doris</b> <b>2222 Northwest 25th Street</b> <b>Gainesville, Florida 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Elkins, Roberta L.</b> <b>306 Southwest 127th Street</b> <b>Newberry, Florida 32669</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Carpenter, James</b> <b>8620 Northwest 13th Street, Lot 183</b> <b>Gainesville, Florida 32653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**11.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Scott Lamp** **February 21, 2007** **352-372-9551x140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #