

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 738578
1. Entity Name
THE GAINESVILLE COMMUNITY BAND, INC.



Principal Place of Business
**2321 NW 41ST ST., STE A-2
GAINESVILLE, FL 32606**

Mailing Address
**2321 NW 41ST ST., STE A-2
GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1744150

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEHNER, RICHARD A.
4134 NW 67TH TERRACE
GAINESVILLE, FL 32606**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRILL, CLAUDIA 6417 SW 35TH WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSE, KAREN 1709 N.W. 23 ST. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPIEGEL, GEOFF 2630 NW 41ST ST GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPAIN, SUSAN 6011 NW 23RD AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000389951
01/23/06-90005-024 61.25

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan B. Spain **TRUSTE** SUSAN B. SPAIN 1/12/06 352-576-6572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #