

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 035 \*\*\*\*61.25

**60002394**



|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <b>DOCUMENT # 765119</b><br>1. Entity Name<br><b>GAINESVILLE ELECTRICAL JOINT APPRENTICESHIP<br/>AND TRAINING COMMITTEE, INC.</b>  |  |   |   |  |   |
| Principal Place of Business<br><b>2420 N.E. 17TH TERRACE<br/>GAINESVILLE, FL 32609</b>   |  |   | Mailing Address<br><b>P.O. BOX 5428<br/>GAINESVILLE, FL 32627 US</b>  |  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |   |
| City & State   |  | City & State  |   |  |   |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-0909368</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>                                  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYANT, MICHAEL L.<br/>204 W. UNIVERSITY AVE, SUITE 4<br/>GAINESVILLE, FL</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |   |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>                                     |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CT<br>WARD, JOHN T<br>111 SWAN RD.<br>PANAMA CITY, FL 32404        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | CT<br>Suggs, Joseph<br>P.O. Box 305<br>Archer FL 32618            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GRAVES, SHAWN<br>1744 NW 42 AVE<br>GAINESVILLE, FL 32605      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>WILLIAM, FOLEY<br>2251 ROSSELLE ST<br>JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input 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 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. |  |   |   |  |   |
| <b>SIGNATURE: <u>Shawn C. Graves</u> Shawn C. Graves</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   | <b>JAN. 12, 2006 (352) 376-8375</b><br><small>Date Daytime Phone #</small> |   |