


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 036 ****61.25

DOCUMENT # F05000006233 1. Entity Name NATIONAL ASSOCIATION OF INDEPENDENT ARTISTS, INC.					
Principal Place of Business 72 DOUGLAS STREET HOMOSASSA, FL 34446			Mailing Address 72 DOUGLAS STREET HOMOSASSA, FL 34446		
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 36-4079900	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRENDERGAST, ARDATH 72 DOUGLAS STREET HOMOSASSA, FL 34446				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	CP KOPALD, MICHAEL 408 HONEYSUCKLE HILL LEXINGTON, VA 244501722 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV MEYER, BRUCE 1369 MC 5002 YELLVILLE, AR 726879627 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Richard Corner 223 N. Mulberry St, #2 Lancaster, PA 17603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKE, JANET 1763 MYRNA LANE MEMPHIS, TN 38117 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLANDFORD, BONNIE 1426 HAZEN SE GRAND RAPIDS, MI 49507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB Bruce Meyer 1369 MC 5002 Yellville, AR 72687 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DB Sally Bright 15509 Whitaker Rd. Linden, MI 48451 <input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <i>Michael Kopald</i> MICHAEL KOPALD			2/6/06 540 463 9550 <small>Date Daytime Phone #</small>		

ATTACHMENT
40014639

National Association of Independent Artists
2006 Annual Report

Directors (continued)

Carwood G. "Woody" Jones
127 W. Benson
Decatur, GA 30030-4309

Suzanne Juneau
300 Andres Rd.
Scott, LA 70583

Paul Germain
12520 Old Buckingham Road
Midlothian, VA 23113

Sarah Rishel
465 Tavern Circle
Dunwoody, GA 30350-4456
