


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 002 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # N00000006181 | | | |  | |
| 1. Entity Name GAINESVILLE ADVERTISING FEDERATION, INC. | | | | | |
| Principal Place of Business C/O BAIRD CENTER 619 S. MAIN ST., STE. K GAINESVILLE, FL 32601 | | | Mailing Address P.O. BOX 142107 GAINESVILLE, FL 32614 | | |
| 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 59-3662233 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THOMAS, KINNON 619 S MAIN ST STE K GAINESVILLE, FL 32601 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| THOMAS, KINNON 619 S MAIN ST STE K GAINESVILLE, FL 32601 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VP BOZEMAN, JAMES 619 S MAIN ST STE K GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 8 KINNON, THOMAS 619 S MAIN ST STE K GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD MATTOX, LIZ 619 S. MAIN ST., STE. K GAINESVILLE, FL 32601 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VP CHESTER, NITA 619 MAIN ST. SUITE K GAINESVILLE, FL 32601 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WASYLOW, DAMION 619 S MAIN ST STE K GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary Brad Smith 619 S. Main St. Ste. K GAINESVILLE FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | Director Kinnon Thomas 619 S Main St. Ste K GAINESVILLE FL 32601 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer/Director Jane Anderson 731 SW 37th Ave GAINESVILLE FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | 1VP Sue Wagner 619 S. Main St. Ste K GAINESVILLE FL 32601 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VP Sue Wagner 619 S. Main St. Ste K GAINESVILLE FL 32601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | 1VP Sue Wagner 619 S. Main St. Ste K GAINESVILLE FL 32601 | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 4/12/05 (352) 479-6926 | | | | | |

40055354



04122005 Chg-NP CR2E037 (10/03)