2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000006181 1. Entity Name GAINESVILLE ADVERTISING FEDERATION, INC.					04-13-2005 90057 002 ****61.25			
C/O BAIRD CENTER		Mailing Address P.O. BOX 142107 GAINESVILLE, FL 32614						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04122005 _{CI}	ng-NP CR2E	E037 (10/03)		
City & State		City & State		4. FEI Number 59-366223	3		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent		
THOMAS KINNON			Name					
THOMAS, KINNON 619 S MAIN ST STE K GAINESVILLE, FL 32601			Street Address ((P.O. Box Number is Not Acceptable)			
			City		F	L Zip Cod	е	
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its reg	gistered office or re	gistered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)	DATI	 E		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make che	eck payable to eartment of St		
SIGNATURE .	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make che	eck payable to artment of Si	tate	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG SCITCHARY 3144 SWITH OLA S. MAY S	Make che Florida Dep ES TO OFFICERS AND	eck payable to artment of Si	tate	
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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:

SGNATUR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 (352)479.6926