

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90031 040 ****61.25

DOCUMENT # N02000000348

1. Entity Name
ARTISTS ALLIANCE OF NORTH FLORIDA, INC.



Principal Place of Business
926 N.W. 40TH DRIVE
GAINESVILLE, FL 32605

Mailing Address
926 N.W. 40TH DRIVE
GAINESVILLE, FL 32605

04061311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
03-0377374

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODHOUSE, CHARLES F
224 N.E. 10TH AVENUE
GAINESVILLE, FL 32601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME PAIS, ANNE W
STREET ADDRESS 926 N.W. 40TH DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME THOMPSON, GWENYTH E
STREET ADDRESS 4722 S.W. 67TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE TD ☐ Change ☒ Addition
NAME DON DALEY, DON
STREET ADDRESS 3330 NW 30 AVENUE
CITY-ST-ZIP GAINESVILLE, FL

TITLE SD ☒ Delete
NAME DEWALD, LLOYD
STREET ADDRESS 503 N.W. 53RD TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE SD ☐ Change ☒ Addition
NAME SYDNEY MCKENNA, SYDNEY
STREET ADDRESS 5 INLET PLACE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D ☐ Delete
NAME THOMAS, STEWART J
STREET ADDRESS 229 S.E. 8TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOODHOUSE, CHARLES F
STREET ADDRESS 224 N.E. 10TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

ANNIE W. PAIS

7/7/04 352 371-0777