

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000348**

**1. Entity Name**

**ARTISTS ALLIANCE OF NORTH FLORIDA, INC.**



**Principal Place of Business**

**926 NW 40TH DRIVE  
GAINESVILLE, FL 32605**

**Mailing Address**

**926 NW 40TH DRIVE  
GAINESVILLE, FL 32605**



07112006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**03-0377374**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**U00000570106  
07/13/06-80019-003 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME PAIS, ANNE W  
STREET ADDRESS 926 N.W. 40TH DRIVE  
CITY-ST-ZIP GAINESVILLE, FL 32605**

**TITLE TD  
NAME DALEY, DON  
STREET ADDRESS 3330 NW 30 AVENUE  
CITY-ST-ZIP GAINESVILLE, FL**

**TITLE SD  
NAME MCKENNA, SYDNEY  
STREET ADDRESS 5 INLET PLACE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080**

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

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

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Anne W. Pais*

*July 10, 2006*