

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 24 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 No Chg-NP CR2E037 (4/06)

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
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DO NOT WRITE IN THIS SPACE	
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4. FEI Number 03-0377374	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODHOUSE, CHARLES F 224 N.E. 10TH AVENUE GAINESVILLE, FL 32601
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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 reappointing) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAIS, ANNE W 926 N.W. 40TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALEY, DON 3330 NW 30 AVENUE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENNA, SYDNEY 5 INLET PLACE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STEWART J 229 S.E. 8TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODHOUSE, CHARLES F 224 N.E. 10TH AVENUE 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 (Pres) Date: Sept. 20, 07 350 377-0777

9/26/07