

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000348

FILED
Apr 20, 2009
Secretary of State

Entity Name: ARTISTS ALLIANCE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0377374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMAS, STEWART J
229 SE 8TH STREET
GAINESVILLE, FL 32601 US

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.

SIGNATURE: STEWART J. THOMAS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAIS, ANNE W
Address: 926 N.W. 40TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: DALEY, DON
Address: 3330 NW 30 AVENUE
City-St-Zip: GAINESVILLE, FL

Title: SD () Delete
Name: MCKENNA, SYDNEY
Address: 5 INLET PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: THOMAS, STEWART J
Address: 229 S.E. 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: WOODHOUSE, CHARLES F
Address: 224 N.E. 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWART J. THOMAS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date