

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007355

**FILED**  
**May 24, 2004**  
**Secretary of State****Entity Name:** GAINESVILLE ARTISTS COOPERATIVE, INC.**Current Principal Place of Business:**16211 NW 88TH TERRACE  
ALACHUA, FL 32615 US**New Principal Place of Business:****Current Mailing Address:**PO BOX11996  
GAINESVILLE, FL 32604 FL**New Mailing Address:****FEI Number:** 06-1651804**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSSLOW, TROY A  
16211 NW 88TH TERRACE  
ALACHUA, FL 32615 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T ( ) Delete  
Name: ROSSLOW, TROY A  
Address: 1216 SW 3RD AVE. APT. 9  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V ( ) Delete  
Name: COHEN, BARRA  
Address: 1305 NE 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: S/T ( ) Delete  
Name: GAYLE, KRISTEN G  
Address: 1216 SW 3RD AVE. APT. 9  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V (X) Delete  
Name: POWERS, KRISTIN  
Address: 2114 NE 7TH ST  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D (X) Delete  
Name: DE PAZ, MADELINE  
Address: 181 CREEK DR  
City-St-Zip: GAINESVILLE, FL 32686 US

Title: V (X) Delete  
Name: HABIB, SABRINA  
Address: 816 NW 13TH AVE  
City-St-Zip: GAINESVILLE, FL 32601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/T (X) Change ( ) Addition  
Name: ROSSLOW, TROY A  
Address: 1305 NE 7TH TERR  
City-St-Zip: GAINESVILLE, FL 32601 US

Title: V (X) Change ( ) Addition  
Name: POWERS, KRISTIN  
Address: 2114 NE 7TH ST.  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: S/T (X) Change ( ) Addition  
Name: GAYLE, KRISTEN G  
Address: 630 NE 10TH PL  
City-St-Zip: GAINESVILLE, FL 32601 US

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 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 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: TROY ROSSLOW

P

05/24/2004

Electronic Signature of Signing Officer or Director

Date