## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007355

FILED May 05, 2005 Secretary of State

Entity Name: GAINESVILLE ARTISTS COOPERATIVE, INC.

Current Principal Place of Business: New Principal Place of Business:

16211 NW 88TH TERRACE 600 NE 11TH ST.

ALACHUA, FL 32615 US GAIESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

PO BOX11996

GAINESVILLE, FL 32604 FL

FEI Number: 06-1651804 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSSLOW, TROY A ROSSLOW, TROY A 16211 NW 88TH TERRACE 600 NE 11TH ST.

ALACHUA, FL 32615 US 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: TROY ROSSLOW 05/05/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P/T ( ) Delete Title: P/T (X) Change ( ) Addition

 Name:
 ROSSLOW, TROY A
 Name:
 ROSSLOW, TROY A

 Address:
 1305 NE 7TH TERR
 Address:
 PO BOX 11996

City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip: GAINESVILLE, FL 32604 US

Title: V () Delete Title: V (X) Change () Addition

Name: POWERS, KRISTIN Name: JESSICA, GOLDBERG K

Address: 2114 NE 7TH ST. Address: 600 NE 11TH ST

City-St-Zip: GAINESVILLE, FL 32609 US City-St-Zip: GAINESVILLE, FL 32601 US

Title: S/T () Delete Title: S/T (X) Change () Addition
Name: GAYLE, KRISTEN G Name: HOPE, JOHNSON

Address: 630 NE 10TH PL Address: 1723 NW 39TH DR

City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip: GAINESVILLE, FL 32605 US

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 PRES 05/05/2005