


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

**FILED**

**Jul 15, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000007848</b> 1. Entity Name <b>THE GULF ALLIANCE FOR LOCAL ARTS, INC.</b>	
---	---

Principal Place of Business <b>1308 GARRISON AVE. PORT ST. JOE, FL 32456</b>	Mailing Address <b>1308 GARRISON AVE. PORT ST. JOE, FL 32456</b>
---	---



07092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0124395</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---

6. Name and Address of Current Registered Agent  <b>MAGIDSON, MEL C JR 528 6TH STREET PORT ST. JOE, FL 32456</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, KIMBERLEY 1308 GARRISON AVE. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, PEGGY 2105 HWY. 98 MEXICO BEACH, FL 32410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RISH, HEATHER 214 GAUTIER MEMORIAL LANE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSS, CORA 198 5TH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>4000000165268 07/15/04-800001-022 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b> <i>Kimberley H. Harrison</i> <b>Kimberley H. Harrison</b>	<b>7-5-04</b> <b>850 227 3745</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>