

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007848

FILED
Jul 22, 2005
Secretary of State

Entity Name: THE GULF ALLIANCE FOR LOCAL ARTS, INC.

Current Principal Place of Business:

1308 GARRISON AVE.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

1308 GARRISON AVE.
PORT ST. JOE, FL 32456

New Mailing Address:

P.O. BOX 423
PORT ST. JOE, FL 32457

FEI Number: 30-0124395 **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:

MAGIDSON, MEL C JR
528 6TH STREET
PORT ST. JOE, FL 32456 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: PD () Delete
Name: HARRISON, KIMBERLEY
Address: 1308 GARRISON AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: WOOD, PEGGY
Address: 2105 HWY. 98
City-St-Zip: MEXICO BEACH, FL 32410

Title: SD () Delete
Name: RISH, HEATHER
Address: 214 GAUTIER MEMORIAL LANE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD () Delete
Name: RUSS, CORA
Address: 198 5TH STREET
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: FEDOTA, LESLIE
Address: 314 BENT TREE ROAD
City-St-Zip: PORT ST. JOE, FL 32456

Title: SD (X) Change () Addition
Name: PEREZ, JODI
Address: 1212 LONG AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD (X) Change () Addition
Name: CREASY, MARNIE
Address: 133 MAGELLAN STREET
City-St-Zip: ST. JOE BEACH, FL 32456

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: KIMBERLEY HOWSE HARRISON

PD

07/22/2005

Electronic Signature of Signing Officer or Director

Date