2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N02000007848

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:

133 MAGELLAN ST.
PORT ST. JOE, FL 32456

Current Mailing Address:

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

New Mailing Address:

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: FEDOTA, LESLIE
Address: 314 BENT TREE ROAD
City-St-Zip: PORT ST. JOE, FL 32456

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CREASY, CHARLES L
Address: 133 MAGELLAN ST.
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: SD (X) Change ( ) Addition
Name: RISINGER, CONNIE
Address: P.O. BOX 13138
City-St-Zip: MEXICO BEACH, FL 32410

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 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: MARNIE CREASY TD 05/02/2006
Electronic Signature of Signing Officer or Director — Date