

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007848

FILED  
Jul 25, 2008  
Secretary of State

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

**Current Principal Place of Business:**

133 MAGELLAN ST.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

260 MARINA DRIVE  
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:**

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

MAGIDSON, MEL C JR  
528 6TH STREET  
PORT ST. JOE, FL 32456      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: VD ( ) Delete  
Name: PICKETT, BOYD  
Address: 108 SUNSET CIRCLE  
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: TD ( ) Delete  
Name: SMITH, JAMIE  
Address: 7921 CAPE SAN BLAS ROAD  
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: GARMON, PAMELA  
Address: 8949 AUGER LANE  
City-St-Zip: PORT ST. JOE, FL 32456

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

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

Title: TD (X) Change ( ) Addition  
Name: ROBERSON, RALPH  
Address: 214 7TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: ED ( ) Change (X) Addition  
Name: HARRISON, KIMBERLEY  
Address: 1308 GARRISON AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLEY HARRISON

ED

07/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date