2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008549

1. Entity Name

GAINESVILLE AREA TACO BELL RESTAURANT OWNER'S ASSOCIATION, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

1110 NW 8 AVE STE C GAINESVILLE, FL 32601 Mailing Address

1110 NW 8 AVE STE C GAINESVILLE, FL 32601



DO NOT WRITE IN THIS SPACE

01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2258125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, L. NICK 1110 NW 8 AVE STE C GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its registered offi	ce or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tatle if applicable (NOTE' Registered			signature required when reinstating) DATE		
1	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000611400 02402407-80061-001-272-50
10. OFFICERS AND DIRECTORS					Consultation and an income contract of the con
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, L NICK 1110 NW 8TH AVE STE C GAINESVILLE, FL 32601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME SIREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				`. '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2 (4) 2 (4) 3 (5)	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(

352-379-7604

Daytime Phone #