## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400005096

FILED Sep 05, 2005 Secretary of State

Entity Name: GAINESVILLE DANCE & MUSIC ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 2107 NW 4TH PLACE 308 W UNIVERSITY AVENUE GAINESVILLE, FL 32603 SUITE B GAINESVILLE, FL 32601 **Current Mailing Address:** New Mailing Address: 2107 NW 4TH PLACE PO BOX 13686 GAINESVILLE, FL 32603 GAINESVILLE, FL 32604 FEI Number: 51-0507266 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: BOLKER, TARA M 2107 NW 4TH PLACE GAINESVILLE, FL 32603 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOLKER, TARA M Name: Name: Address: 2107 NW 4TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: MILLER, DAN Name: NISHIDA, TOSHI Address: 5406 NW 52ND TERRACE Address: 2256 NW 5TH PLACE City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32603 Title: () Delete Title: (X) Change ( ) Addition BAIR, CINNAMON DOWD, NANCY Name: Name: 3428 NW 54TH TERRACE 1717 NW 35TH WAY Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change ( ) Addition ESCUE, MARILYN CALL, PIPER Name: Name: 10514 NW 25TH PLACE Address: Address: 605 NW 9TH STREET City-St-Zip: GIANESVILLE, FL 32606 City-St-Zip: HIGH SPRINGS, FL 32643

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.

Ρ SIGNATURE: TARA M BOLKER 09/05/2005