

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90461 022 \*\*\*\*61.25

**DOCUMENT # N04000006757**

1. Entity Name

THE GAGNON ART FOUNDATION, INC.



Principal Place of Business

1844 N. NOB HILL RD.  
#226  
PLANTATION FL 33322

Mailing Address

1844 N. NOB HILL RD.  
#226  
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

20-1408468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, BRADLEY S  
10000 STIRLING RD.  
SUITE 1  
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GAGNON, MARC  
STREET ADDRESS P.O. BOX 8776  
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE DFO ☐ Delete  
NAME KEYVAN, JUBIN  
STREET ADDRESS 10211 W. SAMPLE RD. #211  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DV ☒ Delete  
NAME SOLOMON, PHILLIP  
STREET ADDRESS 3300 N. UNIVERSITY DR. #404  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DT ☐ Delete  
NAME TYMAN, STEVEN J  
STREET ADDRESS 2 S. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL 33322

TITLE D ☐ Delete  
NAME GAINES, JOANNE  
STREET ADDRESS 5599 S. UNIVERSITY DR.  
CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Delete  
NAME ESCOBAR, NOEL  
STREET ADDRESS 4420 S.W. 77TH AVE.  
CITY-ST-ZIP DAVIE FL 33328

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition  
NAME Joseph Palma  
STREET ADDRESS 128 Lake St  
CITY-ST-ZIP Brooklyn, NY 11223

TITLE ☐ Change ☒ Addition  
NAME Krista Shirley  
STREET ADDRESS 558 West New England Ave, Apt 305  
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Marc Gagnon, Pres.  
Founder

Date

Daytime Phone #

4/20/05

(954) 347-4604