

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008622

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** GAINESVILLE REGIONAL AIRSHOW CONSORTIUM, INC.

**Current Principal Place of Business:**

14606 NW 154TH TERRACE  
ALACHUA, FL 32615

**New Principal Place of Business:**

6211 NW 132 STREET  
GAINESVILLE, FL 32653

**Current Mailing Address:**

14606 NW 154TH TERRACE  
ALACHUA, FL 32615

**New Mailing Address:**

6211 NW 132 STREET  
GAINESVILLE, FL 32653

**FEI Number:** 20-1578223 **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:**

CRUISE, DAVID M  
14606 NW 154TH TERRACE  
ALACHUA, FL 32615 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: PSCD ( ) Delete  
Name: CRUISE, DAVID M  
Address: 14606 NW 154TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: TD ( ) Delete  
Name: BRENDemuHL, JOEL  
Address: 3120 NW 29TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Delete  
Name: STOKES, LEWIS  
Address: 10006 NW 12TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: BIRKETT, KEVIN  
Address: 3305 NW 4TH STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: BANTER, PAT  
Address: 6211 NW 132 STREET  
City-St-Zip: GAINESVILLE, FL 32653

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

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

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

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

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

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: PAT BANTER

D

07/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date