

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002558

1. Entity Name
GRACEVILLE ARTS LEAGUE, INC.



Principal Place of Business
**1206 SANDERS AVENUE
GRACEVILLE, FL 32440**

Mailing Address
**P.O. BOX 777
GRACEVILLE, FL 32440**



03032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0342093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINCHEN, TOM
1228 SANDERS AVENUE
GRACEVILLE, FL 32440**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINCHEN, TOM
STREET ADDRESS	1206 SANDERS AVENUE
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	VD
NAME	JONES, STUART
STREET ADDRESS	901 COLLEGE DRIVE
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	TD
NAME	JERNIGAN, JOE
STREET ADDRESS	1145 10TH AVENUE
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	SD
NAME	LONG, STEPHANIE
STREET ADDRESS	1250 SANDERS AVENUE
CITY - ST - ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000671381
03/28/07-80026-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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

Date

Daytime Phone #

Stephanie Long *Stephanie Long* 3/7/07 203-4471
850