## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000979

FILED Mar 26, 2009 Secretary of State

Entity Name: ADVERTISING FEDERATION OF GAINESVILLE FLORIDA INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
9200 NW	36TH PLACE				
#A GAINESV	TLLE, FL 3260	8			
Current N	Mailing Addres	SS:	New Mailing Address	s:	
PO BOX 1 GAINESV	142107 ILLE, FL 3261	4			
FEI Number	r: <b>20-8318817</b>	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	, TIMOTHY				
9200 NVV	36TH PLACE				
Α	ILLE, FL 3260	6 US			
A GAINESV The above	ILLE, FL 3260 e named entity e of Florida. RE:	submits this statement for the		d office or registered agent, or both,	
A GAINESV The above in the Stat SIGNATU	ILLE, FL 3260 e named entity e of Florida. RE: Electron	submits this statement for the	ent	Date	
A GAINESV The above in the Stat SIGNATU	ILLE, FL 3260 e named entity e of Florida. RE:	submits this statement for the	ent		
A GAINESV The above in the Stat SIGNATU	e named entity te of Florida.  RE: Electron	submits this statement for the nic Signature of Registered Age  TORS:  ) Delete A  AVENUE	ent	Date	
A GAINESV The above in the Stat SIGNATU  OFFICER Title: Name: Address:	e named entity to of Florida.  RE: Electron  S AND DIRECT  CHESTER, NIT 350 NW 39TH GAINESVILLE,	submits this statement for the nic Signature of Registered Agerones:  TORS:  Delete A AVENUE FL 32609  Delete ETTE REET, STE H	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify 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: JEANNETTE BAER OFF. 03/26/2009