

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11804

FILED
Mar 05, 2008
Secretary of State

Entity Name: ARTS ASSOCIATION OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 12246
GAINESVILLE, FL 32604 US

New Principal Place of Business:

1500 N.W. 36TH WAY
GAINESVILLE, FL 32605 US

Current Mailing Address:

P.O. BOX 12246
GAINESVILLE, FL 32604 US

New Mailing Address:

1500 N.W. 36TH WAY
GAINESVILLE, FL 32605 US

FEI Number: 59-2659863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAPO, ED.
RT. 2, BOX 524
MICANOPY, FL 32667 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: T () Delete
Name: HOMAN, NORMA
Address: 1500 N.W. 36 WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: SEAGLE, KATHERINE
Address: 2820 NW 5TH ST
City-St-Zip: GAINESVILLE, FL 32607

Title: VP () Delete
Name: HILL, BEVERLY ANN
Address: 3826 SW 5TH PL
City-St-Zip: GAINESVILLE, FL

Title: P () Delete
Name: CRAPO, ED
Address: RT 2 BOX 524
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: HILL, BEVERLY
Address: 3826 SW 5TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: KOONS, SCOTT
Address: 5210 NW 50 TR
City-St-Zip: GAINESVILLE, FL 32606

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: D (X) Change () Addition
Name: HUGHES, JACK
Address: 4423 NW 35TH ST
City-St-Zip: GAINESVILLE, FL 32605

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

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: NORMA M. HOMAN

TREA

03/05/2008

Electronic Signature of Signing Officer or Director

Date