2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N11804

Entity Name: ARTS ASSOCIATION OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	HUGHES, JACK	
Address:	4423 NW 35TH ST	
City-St-Zip:	GAINESVILLE, FL 32605	
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:	( ) 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 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 T 01/12/2009

Electronic Signature of Signing Officer or Director — Date