

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11804

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**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 NW 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: ST  
Name: HOMAN, NORMA M  
Address: 1500 N.W. 36 WAY  
City-St-Zip: GAINESVILLE, FL 32605

Title: P  
Name: WEST, ELLEN  
Address: 2229 SW 56TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP  
Name: HUGHES, JACK  
Address: 4423 NW 35TH ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: CRAPO, ED  
Address: RT 2 BOX 524  
City-St-Zip: MICANOPY, FL 32667

Title: D  
Name: JOHNSON, SUE  
Address: 4423 NW 35TH ST  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP  
Name: WILLIAMS, JEFF  
Address: 2002 NW 39TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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 all other like empowered.

SIGNATURE: NORMA M. HOMAN

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01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date