

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000691

FILED
May 18, 2005
Secretary of State

Entity Name: GAINESVILLE KODOKAI AIKIDO ASSOCIATION, INC.

Current Principal Place of Business:

4603 NW 6TH ST
HIGH SPRINGS, FL 32643

New Principal Place of Business:

4603 NW 6TH ST
GAINESVILLE, FL 32605

Current Mailing Address:

8590 NE 40TH COURT
GAINESVILLE, FL 32607 US

New Mailing Address:

P.O. BOX 13345
GAINESVILLE, FL 32604 US

FEI Number: 59-3160730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRESCOTT, MICHAEL E
8590 NE 40TH COURT
HIGH SPRINGS, FL 32643 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: DT () Delete
Name: PRESCOTT, MICHAEL E
Address: 8590 NE 40TH COURT
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: SIN, PETER
Address: 1225 NE 5TH TERR
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: FEASEL, MARLYNN
Address: 13709 PROGRESS BLVD
City-St-Zip: ALACHUA, FL 32615

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL PRESCOTT

D/T

05/18/2005

Electronic Signature of Signing Officer or Director

Date