

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90079 047 ****61.25

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DOCUMENT # N93000002443

1. Corporation Name

GAINESVILLE PRIDE ARTS, INC.

Principal Place of Business

P.O. BOX 13087
GAINESVILLE FL 32604

Mailing Address

P.O. BOX 13087
GAINESVILLE FL 32604



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/25/1993

4. FEI Number

59-3237739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIOTT, MARK
2536 NW 49TH PLACE
GAINESVILLE FL 32605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME **BRADLEY, JOHN**
STREET ADDRESS **1903 NW 31ST AVE**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

PD ☐ DELETE

NAME **ELLIOTT, MARK**
STREET ADDRESS **2536 NW 49TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

2.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

NAME **HARBRUCKER, ROBERTA**
STREET ADDRESS **3920 NW 31ST TERR**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE ☐ Change ☐ Addition

VP ☐ DELETE

NAME **ANTONELLI, JOE**
STREET ADDRESS **725 SE 2ND AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32601**

4.1 TITLE ☐ Change ☐ Addition

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK ELLIOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/99
Date

(352) 392-7245
Daytime Phone #

CR2E037 (11/98)