


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002443 1. Entity Name GAINESVILLE PRIDE ARTS, INC.	
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Principal Place of Business P.O. BOX 13087 GAINESVILLE, FL 32604	Mailing Address P.O. BOX 13087 GAINESVILLE, FL 32604
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3237739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELLIOTT, MARK 6004 NW 124TH ST GAINESVILLE, FL 32653	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000113640 04/15/04-80017-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JURAS, DAVID 6004 NW 124TH ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, MARK 6004 NW 124TH ST GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBRUCKER, ROBERTA 3920 NW 31ST TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTONELLI, JOE 725 SE 2ND AVE. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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 _____ Date _____ Daytime Phone # _____