2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N93000002443

Entity Name: GAINESVILLE PRIDE ARTS, INC.

Current Principal Place of Business:

P.O. BOX 13087
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13087
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-3237739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, MARK
6004 NW 124TH ST
GAINESVILLE, FL 32653 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: JURAS, DAVID
Address: 6004 NW 124TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: PD ( ) Delete
Name: ELLIOTT, MARK
Address: 6004 NW 124TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: HARBRUCKER, ROBERTA
Address: 3920 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL

Title: VP ( ) Delete
Name: ANTONELLI, JOE
Address: 725 SE 2ND AVE.
City-St-Zip: GAINESVILLE, FL 32601

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:

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: MARK ELLIOTT PD 04/28/2005
Electronic Signature of Signing Officer or Director — Date