


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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



02282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3237739	Applied For 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**

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, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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**

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03/18/08-80028-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____