

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002443

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: GAINESVILLE PRIDE ARTS, INC.

## Current Principal Place of Business:

P.O. BOX 13087  
GAINESVILLE, FL 32604

## New Principal Place of Business:

6004 NW 124TH ST  
GAINESVILLE, FL 32653

## 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 exemption stated 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 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

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date