2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002808

FILED Jun 17, 2005 Secretary of State

Entity Name: GAINESVILLE ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.

Current Principal Place of Business: New Principal Place of Business:

3620 NW 43RD STREET PO BOX 147050

SUITE A GAINESVILLE, FL 326147050 US GAINESVILLE, FL 32606 US

Current Mailing Address: New Mailing Address:

3620 NW 43RD STREET PO BOX 147050

SUITE A GAINESVILLE, FL 326147050 US

GAINESVILLE, FL 32606 US

FEI Number: 59-2767926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ASHLEY, DAVID ASHLEY, DAVID

3620-A N.W. 43RD STREET 3620-A ŃW 43RD STREET GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 US

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: 06/17/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GAINESVILLE, FL 32606

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete ASHLEY, DAVID W CHESHIRE, JR., RICHARD W CLU Name: Name: 3620 NW 43RD STREET, S-A Address: 5230 SW 91ST DRIVE Address:

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32608

Title: Title: (X) Change () Addition () Delete

CHESHIRE, RICHARD W JR. Name: KNIGHT, MICHAEL E Name:

Address: 3625230-B SW 91ST DRIVE Address: 3501 WEST UNIVERSITY AVENUE #A City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete Title: (X) Change () Addition CASON, JR., JAMES W MACDONALD, TRAVIS L Name: Name:

613324 WEST UNIVERSITY AVE 425 EAST NOBLE AVENUE Address: Address:

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: WILLISTON, FL 32696

Title: TREA () Delete Title: TREA (X) Change () Addition WEINKLE, ANITA M Name: Name: WEINKLE, ANITA M LUTCF 3008 NW 13 STREET, SUITE G Address: 3008 NW 13 STREET, S-G Address: City-St-Zip: GAINESVILLE, FL 326089-28 City-St-Zip: GAINESVILLE, FL 32609

Title: DNC () Delete Title: (X) Change () Addition ROSENBLATT, HOWARD ROSENBLATT, HOWARD M JD, CLU Name: Name:

2830 NW 41ST STREET, SUITE H 2830 NW 41ST STREET, SUITE J Address: Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32606

Title: () Delete Title: (X) Change () Addition ASHLEY, KAREN R MANN SIMA Name: Name: Address: 3620 NW 43RD STREET, S-A Address: 421 NW 79TH DRIVE

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.

City-St-Zip:

GAINESVILLE, FL 32607

SIGNATURE: ANITA WEINKLE **TREA** 06/17/2005

Electronic Signature of Signing Officer or Director

Date