2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N93000002808

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

Current Principal Place of Business:

P.O. BOX 357728
GAINESVILLE, FL 326357728 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357728
GAINESVILLE, FL 326357728 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ASHLEY, DAVID
3620-A NW 43RD STREET
GAINESVILLE, FL 32606 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:	PRES	( ) Delete
Name:	CHESHIRE, JR., RICHARD W CLU	
Address:	5230 SW 91ST DRIVE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	VP	( ) Delete
Name:	KNIGHT, MICHAEL E	
Address:	3501 WEST UNIVERSITY AVENUE #A	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VP	( ) Delete
Name:	CASON, JR., JAMES W	
Address:	425 EAST NOBLE AVENUE	
City-St-Zip:	WILLISTON, FL 32696	
Title:	TREA	( ) Delete
Name:	WEINKLE, ANITA M LUTCF	
Address:	3008 NW 13 STREET, SUITE G	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	DNC	( ) Delete
Name:	ROSENBLATT, HOWARD M JD, CLU	
Address:	2830 NW 41ST STREET, SUITE H	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	ESEC	( ) Delete
Name:	MANN, SIMA	
Address:	421 NW 79TH DRIVE	
City-St-Zip:	GAINESVILLE, FL 32607	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ESEC	(X) Change ( ) Addition
Name:	WEINKLE, ANITA	
Address:	3008 NW 13 STREET, SUITE G	
City-St-Zip:	GAINESVILLE, FL 32609	

I hereby certify that the information supplied with this filing does not qualify for the 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: ANITA WEINKLE TREA 04/13/2006

Electronic Signature of Signing Officer or Director — Date