


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N97000002347 1. Entity Name SIXTH STREET GNCP ASSOCIATION, INC.	
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Principal Place of Business 4609 B-3 NW 6TH ST GAINESVILLE, FL 32609	Mailing Address 4609 B-3 NW 6TH ST GAINESVILLE, FL 32609
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04282008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHESHIRE, LARRY H
 4609 B-3 NW 6TH ST
 GAINESVILLE, FL 32609

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	CHESHIRE, LARRY H
STREET ADDRESS	4609 B-3 NW 6TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VTD
NAME	CHESHIRE, KYLE D
STREET ADDRESS	4609 B-3 NW 6TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	CHEHIRE, DEAN R
STREET ADDRESS	4609 B-3 NW 6TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/13/06-80006-001 70.00

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 817, 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: Larry Cheshire LARRY CHESHIRE 4-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #