


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90017 037 ****61.25

DOCUMENT # N97000006694 1. Entity Name GAINESVILLE CHAPTER, AMERICAN GUILD OF ORGANISTS, INC.					
Principal Place of Business 116 N.W. 3RD STREET GAINESVILLE, FL 32601-5264 US			Mailing Address 116 N.W. 3RD STREET GAINESVILLE, FL 32601-5264 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAY, THOMAS H DR 116 N.W. 3RD STREET GAINESVILLE, FL 32601-5264				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DD	<input type="checkbox"/> Delete			
NAME	HAYES-CHRISTIANSEN, CAROL V				
STREET ADDRESS	5200 S.W. 25TH BLVD #3205				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
TITLE	SDD	<input type="checkbox"/> Delete			
NAME	ELLIS, LAURA R DR				
STREET ADDRESS	4609 N.W. 20TH DRIVE				
CITY-ST-ZIP	GAINESVILLE, FL 32605				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	AMICK, LORRAINE				
STREET ADDRESS	417 TURKEY CREEK				
CITY-ST-ZIP	ALACHUA, FL 32615				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	FAY, THOMAS H DR				
STREET ADDRESS	116 N.W. 3RD STREET				
CITY-ST-ZIP	GAINESVILLE, FL 326015264				
TITLE	D	<input type="checkbox"/> Delete			
NAME	COFFEY, MARKARET DR				
STREET ADDRESS	1763 S.W. 36TH PLACE				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
TITLE	D	<input type="checkbox"/> Delete			
NAME	GILDERSLEEVE, KARL R DR				
STREET ADDRESS	4302 N.W. 33RD COURT				
CITY-ST-ZIP	GAINESVILLE, FL 326065939				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COFFEY, MARK DR.				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Thomas H. Fay</u> THOMAS H. FAY					
AUG. 8, 2005 (352) 376-3095					