


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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 NO-T APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAY, THOMAS H DR 116 N.W. 3RD STREET GAINESVILLE FL 32601-5264				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HAYES-CHRISTIANSEN, CAROL V		NAME		
STREET ADDRESS	5200 S.W. 25TH BLVD #3205		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP		
TITLE	SDD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ELLIS, LAURA R DR		NAME		
STREET ADDRESS	4609 N.W. 20TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	AMICK, LORRAINE		NAME		
STREET ADDRESS	417 TURKEY CREEK		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FAY, THOMAS H DR		NAME		
STREET ADDRESS	116 N.W. 3RD STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601-5264		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COFFEY, MARK DR		NAME		
STREET ADDRESS	1763 S.W. 36TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GILDERSLEEVE, KARL R DR		NAME		
STREET ADDRESS	4302 N.W. 33RD COURT		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606-5939		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

THOMAS H. FAY Feb. 7, 2006 (352) 376-3000