


FILED
Aug 16, 2004 8:00 am
Secretary of State

04-29-2004 90323 021 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000000853			
1. Entity Name PRIDE CELEBRATION OF GAINESVILLE, INC.			
Principal Place of Business 802 W UNIVERSITY AVE C/O WILDRIS BOOKS GAINESVILLE, FL 32601		Mailing Address P.O. Box 1451 GAINESVILLE, FL 32602	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3558901		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAIBISY, DOTTY 802 W UNIVERSITY AVE GAINESVILLE, FL 32601		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 _____ (NOTE: Registered Agent Signature required when releasing) Signature, typed or printed name of registered agent and title if applicable. DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, KELLY 4405 SW 20TH LANE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elaine Henjum 10254 S.W. 55th LANE Gainesville, FL 32608-4353 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIBISY, DOTTY 802 W UNIVERSITY AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP, ROBERT 1101 NW 43 AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Elaine Henjum</u> Elaine Henjum 5-1-04 3525141243 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/Mo/Year			

Attachment

66431972

18900000853

July 10, 2004

Elaine Henjum
Pride Celebration of Gainesville, Inc.
P.O. Box 1451
Gainesville, Fl. 32602

Florida Dept. of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

I am returning this report with signature. I have also corrected the PostOffice box from 1457 to 1451 on the address which caused this to be returned the first time. Unfortunately, it came to my home address while I was out of town so I was not able to return it immediately when it arrived.

Sincerely,



Elaine Henjum
Pride Celebration of Gainesville, Inc.

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

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Principal Place of Business 802 W UNIVERSITY AVE C/O WILDIRIS BOOKS GAINESVILLE, FL 32601				Mailing Address PO BOX 1451 1451 GAINESVILLE, FL 32602	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04272004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3558901	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAIBISY, DOTTY 802 W UNIVERSITY AVE GAINESVILLE, FL 32601				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, KELLY			NAME	TO Elaine Hewjunn
STREET ADDRESS	4405 SW 20TH LANE			STREET ADDRESS	10254 S.W. 55th Lane
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP	Gainesville 31 32608-4353
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIBISY, DOTTY			NAME	
STREET ADDRESS	802 W UNIVERSITY AVE			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32601			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, ROBERT			NAME	
STREET ADDRESS	1101 NW 43 AVE			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: Elaine Hewjunn		Elaine Hewjunn		(352) 514-1243 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					