

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007430**

1. Entity Name  
**GREATER GAINESVILLE AREA ASSOCIATION FOR  
TECHNICAL TRAINING, INC.**



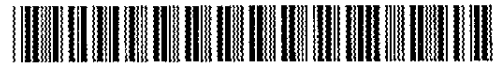
Principal Place of Business

**3000 NW 83RD ST  
GAINESVILLE, FL 32606**

Mailing Address

**P O BOX 357913  
GAINESVILLE, FL 32635-7913**

**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3615065**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GENTRY, JOHN E  
2602 NW 156TH AVE.  
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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000796490  
03/26/04-80020-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
MCGRAW, MICHAEL E  
2606 N.E. 17TH TERR.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PAINTER, JERRY M  
2425 NE 19TH DR.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GENTRY, JOHN E  
2602 NW 156 AVE.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LESLIE, BRIAN  
2500 NE 18TH TERR.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JARZEMBSKI, STEVE  
7005 NW 41 PLACE  
GAINESVILLE, FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*John E. Gentry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/04**  
Date

**352-395-5251**  
Daytime Phone #