

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAR 15 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762671 (6)
1. Corporation Name
ENGLEWOOD ARTISAN GUILD, INC.

Principal Place of Business Mailing Address
DAVID A DUNKIN 170 W DEARBORN
170 W DEARBORN ENGLEWOOD FL 34223
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/30/1982 3a. Date of Last Report 03/25/1994
4. FEI Number 59-2274745 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 Zip 25 Country 30 Zip Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNKIN, DAVID
170 W DEARBORN
ENGLEWOOD FL 33533

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME PETERSON, LINDA
STREET ADDRESS 7454 SPINNAKER BLVD
CITY-ST-ZIP ENGLEWOOD FL
TITLE VD
NAME WHITE, BOB
STREET ADDRESS 68 OAKLAND HILLS PL
CITY-ST-ZIP ROTONDA WEST FL
TITLE SD
NAME PARK, MARY LOU
STREET ADDRESS 1590 DAVID PL
CITY-ST-ZIP ENGLEWOOD FL
TITLE PD
NAME EASTMAN, HERB
STREET ADDRESS 292 ANNAPOLIS LANE
CITY-ST-ZIP ROTONDA WEST FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME COY, BARBARA
1.3 STREET ADDRESS 244 MARK TWAIN LANE
1.4 CITY-ST-ZIP ROTONDA, FL 33947
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME BARINGER, JOAN
5.3 STREET ADDRESS 1060 KANT
5.4 CITY-ST-ZIP ENGLEWOOD, FL
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95
Date

697-9397
Daytime Phone