

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90028 031 ****70.00

DOCUMENT # N0000004239

1. Entity Name

THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH, INC.



Principal Place of Business

25 RIVERSIDE DR.
 ORMOND BCH FL 32176

Mailing Address

25 RIVERSIDE DR.
 ORMOND BCH FL 32176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3658422

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, RANDAL A ESQ.
 173 S. BEACH ST.
 ORMOND BCH FL 32174

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$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: P/D
 NAME: DUFFNEY, MARGARET Delete
 STREET ADDRESS: 1 JOHN ANDERSON DRIVE
 CITY-ST-ZIP: ORMOND BEACH FL 32176

TITLE: P/D
 NAME: HALSEY, ARLENE Change Addition
 STREET ADDRESS: 1 JOHN ANDERSON DR. # 501
 CITY-ST-ZIP: ORMOND BEACH, FL 32176

TITLE: 1VP
 NAME: HALSEY, ARLENE Delete
 STREET ADDRESS: 1 JHON ANDERSON DR #501
 CITY-ST-ZIP: ORMOND BEACH FL 32176

TITLE: 1VPD
 NAME: ROBERT AKAM Change Addition
 STREET ADDRESS: 26 SILVER FOX TRAIL
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: TD
 NAME: HOPPER, FRANCES Delete
 STREET ADDRESS: 1 JOHN ANDERSON DR
 CITY-ST-ZIP: ORMOND BEACH FL 32176

TITLE: Change Addition

TITLE: SD
 NAME: JARVIS, BRENDA Delete
 STREET ADDRESS: 8 RISINF MOON TRAIL
 CITY-ST-ZIP: ORMOND BEACH FL 32174

TITLE: SD
 NAME: DAR SYLVESTER Change Addition
 STREET ADDRESS: 2790 TOLER AVE
 CITY-ST-ZIP: DELAND, FL 32724

TITLE: 2VP
 NAME: WHITE, JOYCE Delete
 STREET ADDRESS: 87 NICHOLAS CT
 CITY-ST-ZIP: ORMOND BEACH FL 32126

TITLE: 2VPD Change Addition
 NAME: PHYLLIS LOWRY
 STREET ADDRESS: 1361 SUNNING DALE
 CITY-ST-ZIP: ORMOND BEACH, FL 32174

TITLE: Delete

TITLE: GIFT SHOP TREASURER/DIRECTOR Change Addition
 NAME: NAN SCHNEIDER
 STREET ADDRESS: 104 RAY MAR DRIVE
 CITY-ST-ZIP: ORMOND BEACH, FL 32176

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: *Frances Hopper* *Frances Hopper* *mar 7 08* 386615-9451