FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03932 (3)

1. Corporation Name
CREATIVE ARTISTS GUILD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2052 DUNEDIN FL 34697-3052	P.O. BOX 2052 DUNEDIN FL 34697-3052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2424558 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

MASON, JOSEPH C. JR.
18167 US HWY 19 N.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TREBILCOCK, BETTY	1.2 NAME	
STREET ADDRESS	5041 VALENCIA LANE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BRUNSON, BETTY J	2.2 NAME	Pitruzzello, Dolores
STREET ADDRESS	2141 N. KEENE RD.	2.3 STREET ADDRESS	2029 Plateau Road
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	Clearwater, Fl. 34615
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BEAL, HELEN	3.2 NAME	Boyers, Denver
STREET ADDRESS	9 HAIG PLACE #610	3.3 STREET ADDRESS	534 Baywood Dr. S.
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	T	4.1 TITLE	D ☒ Change ☐ Addition
NAME	EDDINS, MARIA	4.2 NAME	Cummings, Dorothy
STREET ADDRESS	2147 N. KEENE RD.	4.3 STREET ADDRESS	626 Fredrica La.
CITY-ST-ZIP	CLEARWATER FL 34623	4.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BECK, LINUS	5.2 NAME	Voltz, Marion
STREET ADDRESS	1179 FRIAR TUCK LANE	5.3 STREET ADDRESS	1460 San Roy Dr.
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	S	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DUCHATEAU, RUTH	6.2 NAME	Pagano, Stella
STREET ADDRESS	1712 ALGONQUIN DR.	6.3 STREET ADDRESS	2135 Sandpiper Dr.
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater, Fl. 34624

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)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dolores Pitruzzello DOLORES PITRUZZELLO 4/4/95 (813) 443-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046671