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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/27/1984

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TREBILCOCK, BETTY**
CITY-ST-ZIP **5041 VALENCIA LANE E.**
PALM HARBOR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PITRUZZELLO, DOLORES**
CITY-ST-ZIP **2029 PLATEAU ROAD**
CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **PITRUZZELLO, DOLORES**
2.3 STREET ADDRESS **2029 PLATEAU RD**
2.4 CITY-ST-ZIP **CLEARWATER, FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BOYERS, DENVER**
CITY-ST-ZIP **534 BAYWOOD DRIVE S**
DUNEDIN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CUMMINGS, DOROTHY**
CITY-ST-ZIP **626 FREDRICA LA**
DUNEDIN FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PAGANO, STELLA**
CITY-ST-ZIP **2135 SANDPIPER DRIVE**
CLEARWATER FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **V.C**
5.3 STREET ADDRESS **PAGANO, STELLA**
5.4 CITY-ST-ZIP **2135 SANDPIPER DR.**
CLEARWATER, FL

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **DUCHATEAU, RUTH**
CITY-ST-ZIP **1712 ALGONQUIN DR.**
CLEARWATER FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **VOLTZ, MARION**
6.4 CITY-ST-ZIP **1460 SAN ROY DR.**
DUNEDIN, FL. 34698

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)