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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # N48931 (2)

1. Corporation Name
THE ART GUILD OF PONCE INLET, INC.

Principal Place of Business	Mailing Address
4670 S PENINSULA DR. PONCE INLET FL 32127	4670 S PENINSULA DR. PONCE INLET FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1992
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-3131891 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

HANSEN, MARY D.
STORCH, HANSEN & MORRIS P.A.
1620 S CLYDE MORRIS BLVD., S-300
DAYTONA BCH. FL 32119

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 ☒ Change ☐ Addition
TITLE	PD	1.1 TITLE: PD
NAME	DUDKEWITZ, JUNE	1.2 NAME: Yovaisis, Rose
STREET ADDRESS	4691 S PENINSULA DR.	1.3 STREET ADDRESS: 4792 Michael Ln
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP: Ponce Inlet Fl
TITLE	VD	2.1 TITLE: VD ☐ Change ☐ Addition
NAME	YOVAISIS, ROSE	2.2 NAME: Joplin Debbie
STREET ADDRESS	4792 MICHAEL LANE	2.3 STREET ADDRESS: 103 Ponce DeLeon Circle
CITY-ST-ZIP	PONCE INLET FL	2.4 CITY-ST-ZIP: Ponce Inlet Fl.
TITLE	SD	3.1 TITLE: S.D. ☒ Change ☐ Addition
NAME	JOPLIN, DEBBIE	3.2 NAME: Clore, Edwina
STREET ADDRESS	103 PONCE DELEON CIRCLE	3.3 STREET ADDRESS: 4562 Alder Dr.
CITY-ST-ZIP	PONCE INLET FL	3.4 CITY-ST-ZIP: Port Orange Fl
TITLE	TD	4.1 TITLE: TD ☐ Change ☐ Addition
NAME	DE PEW, SHIRLEY	4.2 NAME: Depew Shirley
STREET ADDRESS	118 RAINS DR.	4.3 STREET ADDRESS: 118 Rains Dr.
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP: Ponce Inlet Fl ☐ Change ☐ Addition
TITLE		5.1 TITLE: ☐ Change ☐ Addition
NAME		5.2 NAME:
STREET ADDRESS		5.3 STREET ADDRESS:
CITY-ST-ZIP		5.4 CITY-ST-ZIP:
TITLE		6.1 TITLE: ☐ Change ☐ Addition
NAME		6.2 NAME:
STREET ADDRESS		6.3 STREET ADDRESS:
CITY-ST-ZIP		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)(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: Shirley D. DePew 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023700