

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 4670 S. PENINSULA DR

26 P.O. BOX 238414

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

City & State

23 PONCE INLET FL

City & State

28 DAYTONA BEACH, FL

Zip

24 32127

Country

25 USA

Zip

29 32123-8414

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOVAISIS, ROSE	
STREET ADDRESS	4192 MICHAEL LANE	
CITY - ST - ZIP	PONCE INLET FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOPLIN, DEBBIE	
STREET ADDRESS	103 PONCE DE LEON CIRCLE	
CITY - ST - ZIP	PONCE INLET FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLORE, EDWINA	
STREET ADDRESS	4562 ALDER DR	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DE PEW, SHIRLEY	
STREET ADDRESS	118 RAINS DR.	
CITY - ST - ZIP	PONCE INLET FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY THOMSON	
1.3 STREET ADDRESS	124 WHITE HERON DR.	
1.4 CITY - ST - ZIP	DAYTONA BEACH FL 32119	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA THOMPSON	
2.3 STREET ADDRESS	3931 LANGFORD RD	
2.4 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVELYN S ROBERTS	
4.3 STREET ADDRESS	5997 PELHAM DRIVE	
4.4 CITY - ST - ZIP	PORT ORANGE, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Evelyn S. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN S. ROBERTS

4/13/96
Date

904/756-9270
Daytime Phone #

CR2E037 (12/95)