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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48931** (2)

1. Corporation Name

THE ART GUILD OF PONCE INLET, INC.

Principal Place of Business

Mailing Address

**4670 S PENNSULA DR.
PONCE INLET FL 32127
US**

**PO BOX 238414
ALLANDALE FL 32123-8414
US**

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number

59-3131891

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **ANDERSON, LOU**
STREET ADDRESS **4766 SO. ATLANTIC AVE**
CITY-ST-ZIP **PONCE INLET FL 32127**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **ERLYNNE, JOHNSON**
STREET ADDRESS **634 NO. HALIFAX DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

1.2 NAME ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **DANDORF, JEAN**
STREET ADDRESS **3190 ROYAL BIRKDALE WAY**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **LAND, CAROLYN**
STREET ADDRESS **70 RAINS CT**
CITY-ST-ZIP **PONCE INLET FL 32127**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

SIGNATURE:

Carolyn A. Land *Carolyn A. Land* **3-25-98 (904) 760-4903**

CR2E037 (10/97)