

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48931

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** THE ART GUILD OF PONCE INLET, INC.

**Current Principal Place of Business:**

4670 S PENINSULA DR.  
PONCE INLET, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 238414  
ALLANDALE, FL 321238414 US

**New Mailing Address:**

**FEI Number:** 59-3131891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYNES, GINGER  
Address: 715 VIOLET ST  
City-St-Zip: S. DAYTONA, FL 32119

Title: VD ( ) Delete  
Name: HAND, DIANE  
Address: 119 INLET HARBOR RD  
City-St-Zip: DAYTONA BEACH, FL 32127

Title: SD ( ) Delete  
Name: KNOLL, BETTY  
Address: 102 SPYGLASS CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: SONNENBERG, LUCIE  
Address: 1054 OAK FOREST CIR  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HAND, DIANNE  
Address: 119 INLET HARBOR RD  
City-St-Zip: PONCE INLET, FL 32127

Title: VD (X) Change ( ) Addition  
Name: DANDORF, JEAN  
Address: 3190 ROYAL BIRKDALE WAY  
City-St-Zip: PORT ORANGE, FL 32128

Title: TD (X) Change ( ) Addition  
Name: KNOLL, BETTY  
Address: 102 SPYGLASS CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD (X) Change ( ) Addition  
Name: KEVRA, DORIS  
Address: 4512 NETTLE CREEK COURT  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY KNOLL

TD

01/05/2005

Electronic Signature of Signing Officer or Director

Date