

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 715172

FILED
Oct 02, 2006
Secretary of State

Entity Name: BROWARD ART GUILD, INC.

Current Principal Place of Business:

2430 N.E. 13 AVE.
WILTON MANORS, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

2430 N.E. 13 AVE.
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 23-7041385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, JULIA
2527 SOUTHEAST 11 STREET
POMPANO BEACH, FL 33062 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: JULIA ANDREWS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREWS, JULIA
Address: 2527 SOUTHEAST 11 STREET
City-St-Zip: POMPANNO BEACH, FL 33062

Title: VD () Delete
Name: KOST, TERRY
Address: 14081 RICHWOOD PLACE
City-St-Zip: DAVID, FL 33325

Title: TD () Delete
Name: GALLIGAN, MARIA
Address: 3200 PORT ROYALE DRIVE
City-St-Zip: FORT LAUDERDALE, FL

Title: D () Delete
Name: DELANEY, GERARDO
Address: 2625 NORTHEAST 37 STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD () Delete
Name: HERKERT, NANCY
Address: 5010 SW 164 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: D () Delete
Name: EDELSTEIN, NANCY
Address: 1127 SW 5 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MILLER, LARRY JOE
Address: 1607 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DELANEY, GERARDO
Address: GERALD DELANEY
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DARRELL CALVIN

Electronic Signature of Signing Officer or Director

DIR

10/02/2006

Date