

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715172

FILED
Jan 09, 2009
Secretary of State

Entity Name: BROWARD ART GUILD, INC.

Current Principal Place of Business:

1350 E. SUNRISE BLVD.
107
FORT LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1350 E. SUNRISE BLVD.
107
FORT LAUDERDALE, FL 33305 US

New Mailing Address:

FEI Number: 23-7041385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDEBLOM, GREGORY J
2825 NE 21ST AVENUE
FORT LAUDERDALE, FL 33306 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: LINDEBLOM, GREGORY J
Address: 2825 NE 21ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VD () Delete
Name: SUNDQUIST, CHARLOTTE
Address: 5120 NE 27TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD () Delete
Name: GREGORY, LINDEBLOM
Address: 2825 NE 21 AVE
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: D () Delete
Name: CLARK, JUDY
Address: 1981 NE 15 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33305

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

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

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

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 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: GREGORY J LINDEBLOM

PD

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date