

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48931

FILED
Feb 20, 2009
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:

1054 OAK FOREST CIR
PORT ORANGE, FL 32129-417 US

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: REINHART, VIVIAN
Address: 167 WESTWOOD DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VD () Delete
Name: STETTLER, LESLIE
Address: 6106 DEL MAR DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD () Delete
Name: CRAWFORD, ELIZABETH
Address: 166 WESTWOOD DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SD () Delete
Name: KEVRA, DORIS
Address: 372 WINDSOT DR.
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARDGROVE, ELIZABETH
Address: 4277 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129 US

Title: VP (X) Change () Addition
Name: MURPHY, DEE
Address: 630 HILLS BLVD
City-St-Zip: PORT ORANGE, FL 32127 US

Title: TD (X) Change () Addition
Name: SONNENBERG, LUCIE
Address: 1054 OAK FOREST CIR
City-St-Zip: POT ORANGE, FL 32129 US

Title: SD (X) Change () Addition
Name: GUIDO, PAT
Address: 2987 S ATLANTIC AVE #1606
City-St-Zip: DAYTONA BCH, FL 32118 US

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: LUCIE SONNENBERG

TRES

02/20/2009

Electronic Signature of Signing Officer or Director

Date