## 2006 NOT-FOR-PROFIT CORPORATION

## Aug 09, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #706295** 08-09-2006 90012 011 \*\*\*\*61.25 FINE ARTS SOCIETY, INC. Mailing Address Principal Place of Business 00024840 C/O GULF COAST MUSEUM OF ART C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD 12211 WASHINGTON RD LARGO, FL 33778 LARGO, FL 33778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252006 Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 59-1917012 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ander nhe LAWTON, CAROLYN Street Address (P.O. Box Number is Not Acceptable) C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778 Zip Code 8. 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. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE McSwine, Ludith Change Delete TITLE ☐ Addition O'DONNELL, LOIS 602 Lime Ave, # 102 NAME NAME 14524 NEPTUNE RD STREET ADDRESS STREET ADDRESS onrwater. FL 33756 City-ST-Zip SEMINOLE, FL 33776 CITY-ST-ZIP TITLE Delete TITLE **⊠** Change ☐ Addition bloria NAME MCSWINE, JUDITH NAME 922 StasuLL Dr. 602 LIME AVE., #102 STREET ADDRESS STREET ADDRESS Learwater CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition lordon Sherrie 110 Poinsetta Rd. SULLIVAN, CATHERINE NAME NAME STREET ADDRESS 8 BELLEVIEW BLVD., #804 STREET ADDRESS Belliair, FL 33756 CITY-ST-ZIP BELLEAIR, FL 33756 CITY-ST-ZIP TITLE SREC and Stracuse Change ☐ Delete TITLE Addition MORTON, SHERRIE NAME NAME STREET ADDRESS 410 POINSETTA RD. STREET ADDRESS CITY-ST-ZIP BELLEAIR, FL 33756 CITY-ST-ZIP TITLE derhoot ☐ Delete TITLE ☐ Change ☐ Addition NAME VANDERHOOF, GRETCHEN Belleair Forrest NAME STREET ADDRESS 1706 BELLEAIR FORREST STREET ADDRESS CITY-ST-7IP BELLEAIR, FL 33756 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition LAWTON, CAROLYN NAME NAME STREET ADDRESS 717 WILKIE ST. STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

an Mer

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NG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED