

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 016 ****61.25

DOCUMENT # 706295					
1. Entity Name FINE ARTS SOCIETY, INC.					
Principal Place of Business C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778			Mailing Address C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1917012	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAUDER, ANNE C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 agent.					
SIGNATURE <u>Anne Landier</u>		Signature, typed or printed name of registered agent and title if applicable		DATE <u>6/17/2007</u>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGWINE, JUDITH 602 LIME AVE SUITE 102 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V1 HOLLINGSWORTH, GLORIA 1922 SEAGULL DR CLEARWATER, FL 33756		MCGWINE Judith		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2 MORDAN, SHERRIE 410 POINSETTA RD CLEARWATER, FL 33756		Mordan, Sherrie		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SREC SYRACUSE, MARGARET 100 BLUFFVIEW DR SUITE 314A BELLEAIR BLUFFS, FL 33770		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOR VANDERHOOF, GRETCHEN 1706 BELLEAIR FORREST BELLEAIR, FL 33756		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWTON, CAROLYN 717 WILKIE ST. DUNEDIN, FL 34698		Landier Anne 139 Marina Del Rey Clearwater, FL 33767		
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u>Anne Landier</u>		Anne Landier 727-595-6189			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			