

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90051 027 \*\*\*\*61.25

<b>DOCUMENT # 706295</b> 1. Entity Name <b>FINE ARTS SOCIETY, INC.</b>					
Principal Place of Business <b>C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778</b>			Mailing Address <b>C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number <b>59-1917012</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LAUDER, ANNE C/O GULF COAST MUSEUM OF ART 12211 WASHINGTON RD LARGO, FL 33778</b>				7. Name and Address of New Registered Agent  Name <b>Muller, Joyce</b> Street Address (P.O. Box Number is Not Acceptable) <b>11377 Harbor Way # 1711</b> City <b>Largo</b> State <b>FL</b> Zip Code <b>33774</b>	
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 Lauder, Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSWINE, JUDITH 602 LIME AVE SUITE 102 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anne Lauder 139 Marina del Rey Clearwater FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V1 HOLLINGSWORTH, GLORIA 1922 SEAGULL DR CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V1 Clare Mattison 8 Bellevue Blvd. # 204 Bellear, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2 MORTON, SHERRIE 410 POINSETTA RD CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2 Gloria Hollingsworth 1922 Seagull Dr. Clearwater, FL <del>33756</del> 33764	<input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SREC Gladys Ball 1170 Gulf Blvd. # 2103 Clearwater, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOR VANDERHOOF, GRETCHEN 1706 BELLEAIR FORREST BELLEAIR, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOR Kate Sullivan 8 Bellevue Blvd. # 804 Bellear, FL <del>33756</del> 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUDER, CAROLYN 139 MARINA DEL REY CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joyce Muller 11377 Harbor Way # 1711 Largo, FL 33774	<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.					
<b>SIGNATURE:</b> <u>Anne Lauder</u> <u>Anne Lauder</u> 4/8/08      727-595-680					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					