

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713629

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE CHARLOTTE COUNTY ART GUILD, INC.

Current Principal Place of Business:

210 MAUDE ST
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

210 MAUDE STREET
PUNTA GORDA, FL 33950 US

New Mailing Address:

210 MAUDE ST
PUNTA GORDA, FL 33950 US

FEI Number: 59-6192800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENCOURT, MICHELE
210 MAUDE STREET
PUNTA GORDA, FL 33950 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: P () Delete
Name: HENRY, DENISE
Address: 2893 CORAL WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD () Delete
Name: WISHARD, KRISTINE
Address: 26097 WATERFOWL LANE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD () Delete
Name: BAGGE, BRUCE
Address: 511 BOBCAT COURT
City-St-Zip: PUNTA GORDA, FL 33982

Title: ED () Delete
Name: VALENCOURT, MICHELE
Address: 1178 TALBOT ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: ST. LEWIS, THALIA
Address: 4095 GINGOLD
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: CRISPIN, BOB
Address: 222 DIVINCI DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BAGGE, BRUCE
Address: 511 BOBCAT COURT
City-St-Zip: PUNTA GORDA, FL 33982

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

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

Title: T (X) Change () Addition
Name: ZEMAN, THERESE
Address: 1042 VIA FORMIA
City-St-Zip: PUNTA GORDA, FL 33950

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: MICHELE VALENCOURT

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date