

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719485

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** ASTROLOGICAL RESEARCH GUILD INCORPORATED

**Current Principal Place of Business:**

5090 FAYANN ST  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

**Current Mailing Address:**

5090 FAYANN ST  
ORLANDO, FL 32812 US

**New Mailing Address:**

**FEI Number:** 59-2298673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROULX, JOAN  
5090 FAYANN ST  
ORLANDO, FL 32812 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: VPD  
Name: FILLLOW, BONNIE  
Address: 5256 GOLD TREE CT  
City-St-Zip: ORLANDO, FL 32808

Title: D  
Name: FILLLOW, ELMER  
Address: 5256 GOLD TREE CT  
City-St-Zip: ORLANDO, FL 32808

Title: DP  
Name: PROULX, JOAN  
Address: 5090 FAYANN  
City-St-Zip: ORLANDO, FL

Title: S  
Name: NONE, NONE  
Address: NONE  
City-St-Zip: NONE, NO NONE

Title: D  
Name: BURGESS, RUBY  
Address: 1050 PEBBLE BEACH CIR W  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: CEKUN, ANDREW  
Address: P.O. BOX 491  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: JOAN PROULX

P

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date