

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740155

FILED
Apr 14, 2009
Secretary of State

Entity Name: PALATKA ART LEAGUE, INC.

Current Principal Place of Business:

324 RIVER STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3199476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONDRA, SMITH
235 E. RIVER ROAD
EAST PALATKA, FL 32131 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: PRES () Delete
Name: HEINE, ERIKA
Address: BOX 10
City-St-Zip: WELAKA, FL 32193

Title: VP () Delete
Name: INGAMELL, VALERIA
Address: 1324 HWY 19 SOUTH
City-St-Zip: PALATKA, FL 32177

Title: TRES () Delete
Name: SMITH, DONDRA
Address: 235 EAST RIVER ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: SEC () Delete
Name: FOOTE, JANICE
Address: 16375 NE 154 STREET
City-St-Zip: FORT MCCOY, FL 32134

Title: DIR () Delete
Name: SUTLIFF, BETTY
Address: 357 E. BUFFALO RD
City-St-Zip: SATSUMA, FL 32189

Title: DIR () Delete
Name: PRICE, ELLEN
Address: 120 MARGARITA ROAD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: INGAMELL, VALERIA
Address: 1324 HWY. 19 S.
City-St-Zip: PALATKA, FL 32177

Title: VP (X) Change () Addition
Name: FOOTE, JANICE
Address: 16375 NE 154 STREET
City-St-Zip: FORT MCCOY, FL 32134

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

Title: SEC (X) Change () Addition
Name: HOWELL, LOUISE
Address: 910 O'FARRELL AVENUE
City-St-Zip: INTERLACHEN, FL 32148

Title: DIR (X) Change () Addition
Name: SUTLIFF, BETTY
Address: 357 E. BUFFALO BLUFF RD
City-St-Zip: SATSUMA, FL 32189

Title: DIR (X) Change () Addition
Name: CASON, MARY
Address: 150 JUNIOR LAKE TRAIL
City-St-Zip: INTERLACHEN, FL 32148

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: DONDRA SMITH

TRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date