## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 749772** 1. Entity Name 04-05-2004 90410 049 \*\*\*\*61.25 THE HOLLYWOOD ART GUILD, INC. Principal Place of Business Mailing Address HOLLYWOOD ART & CULTURE CENTER P.O. BOX 1984 1301 S. OCEAN DR. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0582716 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROUDFOOT, JACQUELINE 501 E DANIA BEACH BLVD 6325 GARFIELDST 5-3M **DANIA FL 33004** 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. 4-1-04 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Change Addition Delete DRAVING, MARY E. 6325 GARFIELD ST. PROUDFOOT, JACQUELINE NAME NAME 501 E. DANIA BEACH BLVD, #3M STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 40LLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SANDS, RENEE NAME NAME 200 LESLIE DR, #603 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition TILLOTSON MARY-ZIIO N 41ST AVE. HOLLYWOOD, FL 33021 STEIN,-NORMAN: -NAME 3400 N HILLS DR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP DVP Delete ☐ Addition TITLE TITLE KNOBLOCK, ANNA GREKO, ALICE 3326 SW 181 OF TERRACE NAME NAME 18061 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIF CITY-ST-ZIP MIRAMAR, FL 33029 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FOR DIRECTOR

4-1-64 954-989-596 2
Date 954-989-596 2

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED