

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 752400

1. Entity Name
SPRING HILL ART LEAGUE, INC.



Principal Place of Business
**3088 FISHER AVE
SPRING HILL, FL 34609 US**

Mailing Address
**PO BOX 6284
SPRING HILL, FL 34611 US**



05092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6611019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, GENI
3088 FISHER AVE
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000764122
05/30/07-80044-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPAZAIN, ISABELLE 5085 KEYSVILLE AVE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOSCINAR, LOUISE 380 MOALE RD MASARYKTOWN, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS POHL, ESTHER 12380 DRAYTON DR. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, GENI 3088 FISHER AVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Geni Wilson (**GENI WILSON**)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, '07
Date

Daytime Phone #