2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752400

FILED Jan 09, 2009 Secretary of State

Entity Name: SPRING HILL ART LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

3088 FISHER AVE 4327 HEDGEWOOD AVE SPRING HILL, FL 34609 US SPRING HILL, FL 34609 US

Current Mailing Address: New Mailing Address:

PO BOX 6284

SPRING HILL, FL 34611 US

FEI Number: 59-6611019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

PRIETO, MURIEL
4327 HEDGEWOOD AVE
SPRING HILL, FL 34608 US

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: MURIEL PRIETO 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: P (X) Change () Addition

 Name:
 PAPAZAIN, ISABELLE
 Name:
 POHL, ESTHER

 Address:
 5085 KEYSVILLE AVE
 Address:
 12380 DRAYTON DR

 City-St-Zip:
 SPRING HILL, FL 34608
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: VP () Delete Title: VP (X) Change () Addition Name: POHL, ESTHER Name: PAPAZIAN, ISABELLE

 Address:
 12380 DRAYTON DR
 Address:
 5985 KEYSVILLE AVE.

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34608

Title: RS () Delete Title: RS (X) Change () Addition

 Name:
 FRANCES, GALLETTA
 Name:
 HERNAIZ, ROBERT

 Address:
 4154 EVERETT AVE
 Address:
 4024 TORTILLO RD

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34608

 Name:
 WILSON, GENI
 Name:
 PRIETO, MURIEL

 Address:
 3088 FISHER AVE
 Address:
 4327 HEDGEWOOD AVE.

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34608

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: GENI WILSON (RET) T 01/09/2009