

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752431

FILED
Mar 16, 2009
Secretary of State

Entity Name: FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS, INC.

Current Principal Place of Business:

4409 OAK VIEW DR
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

4409 OAK VIEW DR
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2096345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLLER, COLLEEN
4409 OAK VIEW DR
SARASOTA, FL 34232 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: P () Delete
Name: NOLEN, LOIS
Address: 12606 SW ARCHER RD
City-St-Zip: ARCHER, FL 32618

Title: RS () Delete
Name: MADDEN, ANGIE
Address: 32441 FAIRCLOTH RD
City-St-Zip: ELBERTA, AL 36530

Title: CE () Delete
Name: LOVEJOY, PEGGY
Address: 2909 SE LOVEJOY STREET
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: STOLLER, COLLEEN
Address: 4409 OAK VIEW DR
City-St-Zip: SARASOTA, FL 34232

Title: VP () Delete
Name: HANKEY, MELINDA
Address: 2097 NW 50TH CIRCLE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANKEY, MELINDA
Address: 2097 NW 50TH CIRCLE
City-St-Zip: OCALA, FL 34482

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

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

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

Title: VP (X) Change () Addition
Name: BRANCH, IRENE
Address: 5519 DUKE RD
City-St-Zip: JACKSONVILLE, FL 32207

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: COLLEEN D. STOLLER

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date