

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL -6 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762671

1. Corporation Name

ENGLEWOOD ART GUILD, INC.

Principal Place of Business

DAVID A DUNKIN
170 W DEARBORN
ENGLEWOOD FL 34223

Mailing Address

DAVID A DUNKIN
170 W DEARBORN
ENGLEWOOD FL 34223



2/05/99 90550 041 \$61.50

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/30/1982	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-2274745	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUNKIN, DAVID 170 W DEARBORN ENGLEWOOD FL 34223				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	BALDWIN, ATHELIA	1.2 NAME	
STREET ADDRESS	14 ANNAPOLIS LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PD
NAME	GUNGER, BARBARA	2.2 NAME	
STREET ADDRESS	6796 CASPARILLA PINES BLVD, #9	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	ROSENTHAL, ROSLYN	3.2 NAME	
STREET ADDRESS	21 BRENTWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	FRANCIS, ELVIRA	4.2 NAME	
STREET ADDRESS	13 BUNKER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	RUSSELL, DEAN
STREET ADDRESS		5.3 STREET ADDRESS	2980 N. BEACH RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE		6.1 TITLE	S
NAME		6.2 NAME	STRONZ, MARION
STREET ADDRESS		6.3 STREET ADDRESS	72 Golfview Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ROTONDA, FL 33947

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)