

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90059 034 ****61.25

DOCUMENT # N00000003150

1. Entity Name

THE MILLENNIUM ART GUILD AT PALM COAST, INC.



Principal Place of Business

**26 WOODBURY DRIVE
PALM COAST FL 32134**

Mailing Address

**POST OFFICE BOX 350134
PALM COAST FL 32125-134**

DEPARTMENT OF STATE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0999710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARRA, JOHN A
26 WOODBURY DRIVE
PALM COAST FL 32134**

7. Name and Address of New Registered Agent

Name **REBECCA REYNOLDS**

Street Address (P.O. Box Number is Not Acceptable)

65 WELLINGTON DR

City **PALM COAST**

FL

Zip Code

32164

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

1/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☒ Delete
NAME **CARRA, JOHN**
STREET ADDRESS **26 WOODBURY DRIVE**
CITY-ST-ZIP **PALM COAST FL 32134**

TITLE **V/D** ☒ Delete
NAME **SWANN, VICTORIA**
STREET ADDRESS **54 FRANCISCAN LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **T/D** ☐ Delete
NAME **REYNOLDS, REBECCA**
STREET ADDRESS **65 WELLINGTON DRIVE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **S/D** ☐ Delete
NAME **KELLY, MICHELE**
STREET ADDRESS **18 FLEMING COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **SWANN VICTORIA**
STREET ADDRESS **54 FRANCISCAN LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **E/D** ☒ Change ☐ Addition
NAME **EDWARD KNUDSEN**
STREET ADDRESS **56 BRUSHWOOD LANE**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REBECCA REYNOLDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 **386**
445-2341

Date Daytime Phone #

CR2E037 (10/02)