

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005467

FILED
Apr 29, 2009
Secretary of State

Entity Name: FULTON ROSS FUND FOR VISUAL ARTISTS, INC.

Current Principal Place of Business:

5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 22-3858593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAPP, MARY
5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34239 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: DPCT () Delete
Name: ROSS, GALE F
Address: 3981 MACEACHEN BLVD.
City-St-Zip: SARASOTA, FL 34233

Title: DVP () Delete
Name: HOBBS, HARTFORD PH.ED
Address: 2220 STICKNEY PT. RD. #510
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: LITTLE JOHN, EDWARD DR
Address: 8106 REGENTS CT
City-St-Zip: SARASOTA, FL 34231

Title: S () Delete
Name: FITZGERALD, JANICE
Address: 3009 ED REID ST.
City-St-Zip: CHARLOTTE, NC 28216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GALE F. ROSS

DPCT

04/29/2009

Electronic Signature of Signing Officer or Director

Date