

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006320

FILED
Jan 18, 2004
Secretary of State

Entity Name: FLORIDA PROFESSIONAL ARTISTS GUILD, CORP.

Current Principal Place of Business:

6120 TWIN LAKE DRIVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6120 TWIN LAKE DRIVE
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0913176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHALEN, KATHRYN
3631 N.W. 20 STREET
MIAMI, FL 33142

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: VP () Delete
Name: MORETTI, PAT
Address: 401 LEUCANDENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: DIR () Delete
Name: QUINTILIANI, LORI
Address: 8460 SW 32 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: STERN, GERRY
Address: 625 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR () Delete
Name: MARKS, SHIRLEY
Address: 9603 SW 69 PLACE
City-St-Zip: PINECREST, FL 33156

Title: DIR () Delete
Name: HEADDER, BOBBI
Address: 10604 SW 165 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: KARP, RUTH
Address: 74 BAL BAY DRIVE
City-St-Zip: BAL HARBOR, FL 33154

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:

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Address:
City-St-Zip:

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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 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 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: JEAN REBHOLZ

PRES

01/18/2004

Electronic Signature of Signing Officer or Director

Date