

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005**  
**Secretary of State**

DOCUMENT# N02000006320

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 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: 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 (X) 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:

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 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: SHIRLEY I. MARKS

DIR

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date