


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90742 001 \*\*\*\*61.25  
05-01-2006 90742 002 \*\*\*\*8.75

<b>DOCUMENT # N05000001762</b> 1. Entity Name <b>ART LEAGUE OF NORTH FLORIDA, INC.</b>					
Principal Place of Business <b>638 LAKE VALLEY TERR LAKE CITY, FL 32055</b>				Mailing Address <b>638 LAKE VALLEY TERR LAKE CITY, FL 32055</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1509</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>LAKE CITY, FL</b>		4. FEI Number <b>20-2627706</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32056</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOFF, MARY 638 LAKE VALLEY TERR LAKE CITY, FL 32055</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOFF, MARY	NAME			
STREET ADDRESS	638 LAKE VALLEY TERR	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REICHERT, WALLY	NAME			
STREET ADDRESS	423 SW MONTGOMERY DR	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FETCHEN, JOAN	NAME			
STREET ADDRESS	447 SE MARSH TERR	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAPIA, YVONNE	NAME	<b>SECRETARY VICKI GREENE</b>		
STREET ADDRESS	149 SE COLLEGE PL	STREET ADDRESS	<b>8956 NW 133RD TRAIL</b>		
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	<b>LAKE BUTLER, FL 32054</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Joan T. Fetchen</u> <b>JOAN T. FETCHEN, TREASURER</b> <span style="float: right;">4-28-06 386-754-4274</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					