


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90072 035 *****70.00

DOCUMENT # N05000001762	
1. Entity Name ART LEAGUE OF NORTH FLORIDA, INC.	

Principal Place of Business 638 LAKE VALLEY TERR LAKE CITY, FL 32055	Mailing Address PO BOX 1509 LAKE CITY, FL 32056
--	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2627706	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOFF, MARY 638 LAKE VALLEY TERR LAKE CITY, FL 32055		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____	DATE _____
-----------------	------------

**Filing Fee is \$81.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GOFF, MARY 638 LAKE VALLEY TERR LAKE CITY, FL 32055			
D REICHERT, WALLY 423 SW MONTGOMERY DR LAKE CITY, FL 32025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FETCHEN, JOAN 447 SE MARSH TERR LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	Treasurer John Pierce 996 SE Putnam St. Apt. 102 Lake City, FL 32025-5437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S GREENE, VICKI 8956 NW 133R TR LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <u>John Pierce</u>	<u>2/8/07</u>	<u>386-344-2472</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>