

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 027 ****61.25

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 # P.O. Box 1509 164 NW Charlotte Gln		3. Mailing Address P.O. Box 1509			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. L.C.			
City & State Lake City FL		City & State L.C.			
Zip 32055		Country Columbia		Zip 32056	
Country Columbia		4. FEI Number 20-2627706			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOFF, MARY 638 LAKE VALLEY TERR LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name John Pierce Street Address (P.O. Box Number is Not Acceptable) 164 NW Charlotte Gln City Lake City FL Zip Code 32055		
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.</small>				DATE 3/21/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GOFF, MARY 638 LAKE VALLEY TERR LAKE CITY, FL 32055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Pierce 164 NW Charlotte Gln. Lake City, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHERT, WALLY 423 SW MONTGOMERY DR LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ann Sorrels 213 Bonanza Gln Lake City, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, JOHN 996 SE PUTNAM ST APT, 102 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Deb Stephenson 231 SW Bonanza Gln Lake City, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, VICKI 8956 NW 133R TR LAKE BUTLER, FL 32054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Baker 109 SE Tenese Way Lake City, FL 32025	
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	
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	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/21/08 Daytime Phone # 386-344-2472	