

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001762

FILED
Mar 28, 2009
Secretary of State

Entity Name: ART LEAGUE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

164 NW CHARLOTTE GLN
LAKE CITY, FL 32055

New Principal Place of Business:

231 SW BONANZA GLEN
LAKE CITY, FL 32025

Current Mailing Address:

POST OFFICE BOX 1509
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 20-2627706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, JOHN
164 NW CHARLOTTE GLN
LAKE CITY, FL 32055 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: P () Delete
Name: PIERCE, JOHN
Address: 164 NW CHARLOTTE GLN
City-St-Zip: LAKE CITY, FL 32055

Title: VP () Delete
Name: SORRELS, ANN
Address: 213 BONANZA GLN
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: PIERCE, JOHN
Address: 996 SE PUTNAM ST APT, 102
City-St-Zip: LAKE CITY, FL 32025

Title: T () Delete
Name: STEPHENSON, DEB
Address: 231 SW BONANZA GLN
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Delete
Name: BAKER, LINDA
Address: 109 SE JENESE WAY
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEPHENSON, DEBORAH G
Address: 231 SW BONANZA GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Change () Addition
Name: BAKER, LINDA
Address: 109 SW JENESE WAY
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH G. STEPHENSON

T

03/28/2009

Electronic Signature of Signing Officer or Director

Date