

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2006 08:00 A
Secretary of State

DOCUMENT # N05000009752

1. Entity Name

AMERICAN IMPRESSIONAIST SOCIETY, INC.



Principal Place of Business

856 5TH PLACE
VERO BCH FL 32962

Mailing Address

856 5TH PLACE
VERO BCH FL 32962



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

SAME

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, T.R.
856 5TH PLACE
VERO BCH FL 32962

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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

TITLE FD ☐ Delete
NAME DICKINSON, CHARLOTTE
STREET ADDRESS 856 5TH PLACE
CITY- ST- ZIP VERO BCH FL 32962

TITLE FD ☐ Delete
NAME BRADLEY, MARJORIE
STREET ADDRESS 1426 48TH CT
CITY- ST- ZIP VERO BCH FL 32966

TITLE D ☐ Delete
NAME MALLOY, JANETTE
STREET ADDRESS 2965 HARLAND RD
CITY- ST- ZIP WAYNESVILLE OH 45068

TITLE PD ☐ Delete
NAME PODNOS, MARY
STREET ADDRESS 405 SIMS WAY
CITY- ST- ZIP MERRITT ISLAND FL 32951

TITLE DNST ☐ Delete
NAME DICKINSON, T.R.
STREET ADDRESS 856 5TH PLACE
CITY- ST- ZIP VERO BCH FL 32962

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000574504
CITY- ST- ZIP 08/16/06-80005-004 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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.

SIGNATURE:

T.R. Dickinson **Treasurer**

8-13-2006 772-569-0597