

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-26-2007 90038 010 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 is acceptable. (NOTE: Registered Agent signature required when reappointing.) DATE:					
FILE NOW. FEE IS \$61.25 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					
TITLE NAME STREET ADDRESS CITY ST ZIP	FD ☐ Delete DICKINSON, CHARLOTTE 856 5TH PLACE VERO BCH FL 32962				
TITLE NAME STREET ADDRESS CITY ST ZIP	FD ☐ Delete BRADLEY, MARJORIE 1426 48TH CT VERO BCH FL 32966				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete MALLOY, JANETTE 2985 HARLAND RD WAYNESVILLE OH 45068				
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ☐ Delete PODNOS, MARY 405 SIMS WAY MERRITT ISLAND FL 32951				
TITLE NAME STREET ADDRESS CITY ST ZIP	DNST ☐ Delete DICKINSON, T.R. 856 5TH PLACE VERO BCH FL 32962				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>T. R. Dickinson - Director & Nat'l Secy & Treasurer</i> 772-569-0597 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type or Print Name)					