2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# N05000009752

Entity Name: AMERICAN IMPRESSIONAIST SOCIETY, INC.

Current Principal Place of Business:

856 5TH PLACE
VERO BCH, FL 32962

New Principal Place of Business:

Current Mailing Address:

856 5TH PLACE
VERO BCH, FL 32962

New Mailing Address:

FEI Number: 84-1691105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKINSON, T.R.
856 5TH PLACE
VERO BCH, FL 32962 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:	FD	( ) Delete
Name:	DICKINSON, CHARLOTTE	
Address:	856 5TH PLACE	
City-St-Zip:	VERO BCH, FL 32962	
Title:	FD	( ) Delete
Name:	BRADLEY, MARJORIE	
Address:	1426 48TH CT	
City-St-Zip:	VERO BCH, FL 32966	
Title:	D	( ) Delete
Name:	MALLOY, JANETTE	
Address:	2965 HARLAND RD	
City-St-Zip:	WAYNESVILLE, OH 45068	
Title:	PD	( ) Delete
Name:	PODNOS, MARY	
Address:	405 SIMS WAY	
City-St-Zip:	MERRITT ISLAND, FL 32951	
Title:	DNST	( ) Delete
Name:	DICKINSON, T.R.	
Address:	856 5TH PLACE	
City-St-Zip:	VERO BCH, FL 32962	
Title:	P	( ) Delete
Name:	BLUEMLEIN, TOM	
Address:	4 LOMA DE LA VIDA	
City-St-Zip:	SANTA FE, NM 87507	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PRES	(X) Change ( ) Addition
Name:	COOPER, KATHY	
Address:	23 MORRISON LANE	
City-St-Zip:	WESTFORD, MA 01886	

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: T.R.DICKINSON TRES 02/15/2009

Electronic Signature of Signing Officer or Director — Date