


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006069	
1. Entity Name WESTON ART GUILD, INC.	

Principal Place of Business 2795 HACKNEY ROAD WESTON, FL 33331	Mailing Address 2795 HACKNEY ROAD WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE

02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5079326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WIENER, MARVIN I
2673 OAKBROOK DRIVE
WESTON, FL 33332**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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	000000879751 04/15/08-80034-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRECHT, JOYCE 2795 HACKNEY ROAD WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNES, SANDOR 2473 BAY ISLE COURT WESTON, FL 33327
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**DO NOT WRITE
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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: Joyce L. Albrecht **Joyce L. Albrecht** 3/28/08 954-384-1822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #