2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006362

FILED Mar 16, 2009 Secretary of State

Entity Name: THE ARTISTS GUILD OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4318 LAFAYETTE STREET MARIANNA, FL 32447 **Current Mailing Address: New Mailing Address:** PO BOX 1605 MARIANNA, FL 32447 FEI Number: 20-5039597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIMBROUGH, MICHELE T 2916 RUSS STREET MARIANNA, FL 32446 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HARKINS, TOOLLIE KIMBROUGH, MICHELE T Name: Name: 4438 LAFAYETTE ST Address: 2916 RUSS ST Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 Title: () Delete Title: (X) Change () Addition O'CONNOR, SHERRY Name: O'CONNOR, SHERRY Name: Address: 4423 HOLLY HILL DRIVE APT. C Address: 4423 HOLLY HILL DRIVE APT. C City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32448 Title: () Delete Title: () Change () Addition ZURENDA, NANCY Name: Name: Address: 4982 WHITETAIL DRIVE Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition YODER, CAROL Name: Name: Address: 620 HWY 69 Address: City-St-Zip: GRAND RIDGE, FL 32442 City-St-Zip: Title: () Delete Title: (X) Change () Addition WYCKOFF, JAMES RAY, SHARON Name: Name: 1608 STATE FARM RD. 4383 WILTON ST Address: Address: City-St-Zip: SNEADS, FL 32460 City-St-Zip: MARIANNA, FL 32446 Title: () Delete Title: (X) Change () Addition MENACOF, DEBRA P MENACOF, DEBRA P Name: Name: Address: 2810 MILTONIA AVENUE Address: 2810 MILTONIA AVENUE MARIANNA, FL 32448 MARIANNA, FL 32448 City-St-Zip: 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: MICHELE TABOR KIMBROUGH P 03/16/2009