

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90185 007 ****70.00

DOCUMENT # N06000010842

1. Entity Name
CREATE THE ARTIST'S GUILD OF NORTH FLORIDA, INC.



Principal Place of Business
**762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092**

Mailing Address
**762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092**

40036440



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
51-0603906

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

7. Name and Address of New Registered Agent

**GREINER, MARTHA
762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
GREINER, MARTHA
762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TRUS
LUKE, TERRY
118 EBERHARD AVE
PALATKA, FL 32177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**Trustee
Scott Cleveland
308 B Kirkland St
Palatka, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TRUS
SPEAS, CARON
613 ST JOHNS AVE SUITE 203
PALATKA, FL 32177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**Trustee
Heather Scoonover
St. Augustine, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TRUS
SACCARECCIA, CLEM
ST. JOHN'S AVE.
PALATKA, FL 32177** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**~~Claudia Corbett~~
~~Secretary~~
~~Palatka, FL 32177~~**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TRUS
COBB, SHARON
PO BOX 960
WELAKA, FL 32193** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**Secretary
Claudia Corbett
7332 Grille Ave
Palatka, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PRES
GREINER, LAURA
103 CRESTWOOD AVE
PALATKA, FL 32177** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition
**Treasurer
Bettye Goodwin
180 Poplar Pr.
Interlachen, FL 32148**

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:

Martina R. Greiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-08 904/940-5816
Date Daytime Phone #