2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N06000010842

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

Current Principal Place of Business:

762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 51-0603906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREINER, MARTHA
762 COPPERHEAD CIRCLE
ST AUGUSTINE, FL 32092 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: T ( ) Delete
Name: GREINER, MARTHA
Address: 762 COPPERHEAD CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TRUS ( ) Delete
Name: CLEVELAND, SCOTT
Address: 308 B KIRKLAND ST
City-St-Zip: PALATKA, FL 32177

Title: TRUS ( ) Delete
Name: SCOONOVER, HEATHER
Address: 613 ST JOHNS AVE SUITE 203
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: CORGET, CLAUDIA
Address: 7332 CRILL AVE
City-St-Zip: PALATKA, FL 32177

Title: PRES ( ) Delete
Name: GREINER, LAURA
Address: 103 CRESTWOOD AVE
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRUS (X) Change ( ) Addition
Name: BULLARD, DEBORAH
Address: 24 CATHEDERAL PL
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SEC (X) Change ( ) Addition
Name: CORGET, CLAUDIA
Address: 7332 CRILL AVE
City-St-Zip: PALATKA, FL 32177

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES ( ) Change (X) Addition
Name: GOODWIN, BETTYE
Address: 180 POPLAR DR
City-St-Zip: INTERLACHEN, FL 32148

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: MARTHA R. GREINER TRUS 03/12/2009

Electronic Signature of Signing Officer or Director — Date