

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003397

FILED
Jan 28, 2009
Secretary of State

Entity Name: GOLDA CIRCLE ART HOUSE, INC.

Current Principal Place of Business:

3494 GOLDA CIR.
N. FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

3494 GOLDA CIR.
N. FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 51-0635112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, MARY A
3384 AMELIA RUNWAY
N. FT. MYERS, FL 33917 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: P () Delete
Name: GUDEN, JUDITH C
Address: 3469 GOLDA CIRCLE
City-St-Zip: N. FT. MYERS, FL 33917

Title: V () Delete
Name: HOESSEN, LINDA V
Address: 3201 MARTINA COURT
City-St-Zip: N. FT. MYERS, FL 33917

Title: S () Delete
Name: GERBER, BARBARA W
Address: 3264 SUSAN B CIRCLE
City-St-Zip: N. FT. MYERS, FL 33917

Title: T () Delete
Name: WOHN, PAULINE
Address: 3236 ELEANOR WAY
City-St-Zip: N. FT. MYERS, FL 33917

Title: D () Delete
Name: GRACE, MARION
Address: 3388 AMELIA RUNWAY
City-St-Zip: N. FT. MYERS, FL 33917

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:

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: PAULINE S WOHN

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date