2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N07000011335

Entity Name: PORTRAIT AND FIGURE PAINTERS SOCIETY OF SW FLORIDA, INC.

Current Principal Place of Business:

17545 BUTLER ROAD
S FORT MYERS, FL 33967 US

New Principal Place of Business:

Current Mailing Address:

17545 BUTLER ROAD
S FORT MYERS, FL 33967 US

New Mailing Address:

FEI Number: 26-1473364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REUTER, RENATE M F.P.
17545 BUTLER ROAD
S FORT MYERS, FL 33967 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: F, P ( ) Delete
Name: REUTER, RENATE M F, P
Address: 17545 BUTLER ROAD
City-St-Zip: S FORT MYERS, FL 33967 US

Title: S ( ) Delete
Name: EWELL, MARJORIE A S
Address: 3316 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete
Name: KENNEY, JOYCE VP
Address: 1660 PINE VALLEY DRIVE, UNIT 302
City-St-Zip: FORT MYERS, FL 33907 US

Title: T ( ) Delete
Name: EWELL, MARJORIE A T
Address: 3316 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: A ( ) Delete
Name: GILLESPIE, RICHARD A
Address: 1000 KINGS HWY. UNIT 448
City-St-Zip: PORT CHARLOTTE, FL 33960 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVP (X) Change ( ) Addition
Name: JAMIE, GOLOB SVP
Address: 4508 SW SANTA BARBARA PLACE
City-St-Zip: CAPE CORAL, FL 33914

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

Title: T (X) Change ( ) Addition
Name: MARJORIE, EWELL A T
Address: 3316 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

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: RENATE M REUTER FP 03/18/2009

Electronic Signature of Signing Officer or Director — Date