2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N07000011834

Entity Name: EAST HILLSBOROUGH ART GUILD, INC.

Current Principal Place of Business:

213 MAKI RD.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3055
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 26-1557307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, LEO V JR
213 MAKI RD
PLANT CITY, FL 33563 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/D ( ) Delete
Name: WATSON, LEO V JR
Address: 213 MAKI RD
City-St-Zip: PLANT CITY, FL 33563

Title: V/D ( ) Delete
Name: WATSON, LOUANN
Address: 213 MAKE RD
City-St-Zip: PLANT CITY, FL 33563

Title: S/D ( ) Delete
Name: KELLEY, CHRISTINE
Address: 105 DORADO CT
City-St-Zip: PLANT CITY, FL 33566

Title: T/D ( ) Delete
Name: COURSON, JON
Address: 3017 PINE CLUB CT
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete
Name: CROSS, BETTY
Address: 2102 TIMOTHY TER
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: CRUMLEY, KAREN
Address: 6603 FIVE ACRE RD
City-St-Zip: PLANT CITY, FL 33565

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:

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: JON COURSON T/D 03/29/2009

Electronic Signature of Signing Officer or Director — Date