

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009560

FILED
Feb 12, 2009
Secretary of State

Entity Name: PLANTATION ARTISTS' GUILD & GALLERY, INC.

Current Principal Place of Business:

94 AMELIA VILLAGE CIRCLE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8043
AMELIA ISLAND, FL 320358043

New Mailing Address:

FEI Number: 26-3544538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, LORAINÉ
76 LONG POINT DRIVE
AMELIA ISLAND, FL 32034 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: KING, LORAINÉ
Address: 76 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP1 () Delete
Name: WATSON, AL
Address: 69 LONG POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP2 () Delete
Name: BORUSOVIC, PEGGY
Address: 24 WAX MYRTLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S () Delete
Name: GRUNDER, LOIS
Address: 95054 OCEAN CLUB PLACE, #602
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T () Delete
Name: PLATTE, CURTIS
Address: 21 LAUREL OAK
City-St-Zip: AMELIA ISLAND, FL 32034

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: CURTIS PLATTE

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date