

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009560

FILED  
Jan 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

94 AMELIA VILLAGE CIRCLE  
AMELIA ISLAND, FL 32035

**New Principal Place of Business:**

94 AMELIA VILLAGE CIRCLE  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

94 AMELIA VILLAGE CIRCLE  
AMELIA ISLAND, FL 32035

**New Mailing Address:**

94 AMELIA VILLAGE CIRCLE  
AMELIA ISLAND, FL 32034

**FEI Number:** 26-3544538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, IMOGENE  
1432 BEACH WALKER RD.  
AMELIA ISLAND, FL 32034 US

**Name and Address of New Registered Agent:**

RUBIN, GARY  
45 BEACH WALKER ROAD  
AMELIA ISLAND, FL 32034 US

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: GARY RUBIN

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUBIN, GARY  
Address: 45 BEACH WALKER RD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP1  
Name: MOSHER, EDWIN T  
Address: 2056 ORCA COURT  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VP2  
Name: KARSKO, JOYCE  
Address: 9 RAILROAD VINE ROAD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S  
Name: NESBITT, HARRIET  
Address: 12 SALT MARSH DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T  
Name: COLEMAN, IMOGENE  
Address: 1432 BEACH WALKER ROAD  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D  
Name: CHABOT, RONALD  
Address: 1625 PLANTATION OAKS LANE  
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby 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 all other like empowered.

SIGNATURE: IMOGENE COLEMAN

T

01/12/2012

Electronic Signature of Signing Officer or Director

Date