2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N13837

Entity Name: FLORIDA ARTIST BLACKSMITH ASSOCIATION, INC.

Current Principal Place of Business:

250 PAYTON ROAD
TALLAHASSEE, FL 323449455 US

New Principal Place of Business:

Current Mailing Address:

CLYDE PAYTON
250 PAYTON ROAD
TALLAHASSEE, FL 323449455 US

New Mailing Address:

FEI Number: 59-2744845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAYTON, CLYDE
250 PAYTON ROAD
MONTICELLO, FL 32344 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:	RA	( ) Delete
Name:	PAYTON, CLYDE	
Address:	250 PAYTON ROAD	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	PD	( ) Delete
Name:	ROBERTSON, BILL	
Address:	5079 SUNDANCE LANE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	SD	( ) Delete
Name:	REYNOLDS, ANNE	
Address:	11064 SUNSET BLVD	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	T	( ) Delete
Name:	BUTLER, JOHN	
Address:	777 TYRE ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	T	( ) Delete
Name:	HOLBROOK, JUAN	
Address:	6418 NW 97 COURT	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	V	( ) Delete
Name:	MOHR, JEFF	
Address:	22 IRONWOOD COURT	
City-St-Zip:	CRAWFORDVILLE, FL 32327	

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 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: JUAN HOLBROOK TREA 05/03/2006

Electronic Signature of Signing Officer or Director — Date