


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 023 ****70.00

DOCUMENT # N13837	
1. Entity Name FLORIDA ARTIST BLACKSMITH ASSOCIATION, INC.	

Principal Place of Business 250 PAYTON ROAD TALLAHASSEE, FL 32344-9455 US	Mailing Address CLYDE PAYTON 250 PAYTON ROAD TALLAHASSEE, FL 32344-9455 US
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01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2744845	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required *= included*

6. Name and Address of Current Registered Agent PAYTON, CLYDE 250 PAYTON ROAD MONTICELLO, FL 32344

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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>William Clyde PAYTON Sr.</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <i>Jan. 4, 2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA PAYTON, CLYDE 250 PAYTON ROAD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, BILL 5079 SUNDANCE LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, ANNE 11064 SUNSET BLVD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, JOHN 777 TYRE ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBROOK, JUAN 6418 NW 97 COURT GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOHR, JEFF 22 IRONWOOD COURT CRAWFORDVILLE, FL 32327

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>William Clyde PAYTON Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>1-4-07</i>	Daytime Phone # <i>850-997-3627</i>
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