2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13837

FILED Jan 12, 2010 Secretary of State

Entity Name: FLORIDA ARTIST BLACKSMITH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

250 PAYTON ROAD

MONTICELLO, FL 323447002 US

Current Mailing Address: New Mailing Address:

CLYDE PAYTON 250 PAYTON ROAD

250 PAYTON ROAD MONTICELLO, FL 323447002 US MONTICELLO, FL 323447002 US

FEI Number: 59-2744845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PAYTON, CLYDE 250 PAYTON ROAD MONTICELLO, FL 323447002 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: RA

Name: PAYTON, CLYDE
Address: 250 PAYTON ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: F

Name: WOLFE, JERRY

Address: 4210 MACKAY FALLS TERRACE

City-St-Zip: SARASOTA, FL 34243

Title: S

 Name:
 LOBALITO, REV. JIM

 Address:
 1314 FERNWOOD ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32304

Title:

Name: THOMAS, KATHY Address: P.O BOX 849

City-St-Zip: DE LEON SPRINGS, FL 32130

Title:

 Name:
 HOLBROOK, JUAN

 Address:
 6418 NW 97 COURT

 City-St-Zip:
 GAINESVILLE, FL 32653

Title: \

Name: PATE, CHARLES
Address: P O BOX 5
City-St-Zip: LAMONT, FL 32336

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: CLYDE PAYTON RA 01/12/2010