


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N18374	
1. Entity Name PLANTATION ART GUILD, INCORPORATED	

Principal Place of Business DEICKE AUDITORIUM 5701 CYPRESS ROAD PLANTATION, FL 33317	Mailing Address 790 SW 55 AVE PLANTATION, FL 33317-4324 US
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04172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0044145	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAGLAND, LILLIAM H 790 SW 55 AVE PLANTATION, FL 33317	
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**DO NOT WRITE
IN THIS SPACE**

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>No change</i>	<i>4-18-2005</i>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2005	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	P KATZ, FRAN 7930 NW 11 COURT FORT LAUDERDALE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MAMDELBAUM, GLORIA 9350 SUNRISE LAKES BLVD SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BRYAN, EDIE 10001 NW 4TH STREET DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAGLAND, LILLIAN 790 S.W. 55TH AVENUE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WEATHERSTONE, DAWN 704 19TH ST FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEGMAN, GLORIA 1521 NE 39 ST POMPANO BCH, FL

U00000317929
04/20/05-80038-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Lillian H. Ragland</i>	<i>April 18, 2005</i>	<i>954-587-6614</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

E-mail: LilRagland@aol.com