

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18374

FILED
May 04, 2009
Secretary of State

Entity Name: PLANTATION ART GUILD, INCORPORATED

Current Principal Place of Business:

DEICKE AUDITORIUM
5701 CYPRESS ROAD
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

15191 SW 20TH ST.
DAVIE, FL 333262028 US

New Mailing Address:

FEI Number: 65-0044145 **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:

Name and Address of New Registered Agent:

KATZ, FRAN
7930 NW 11TH CT
PLANTATION, FL 33322 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:

Title: PD () Delete
Name: KATZ, FRAN
Address: 7930 NW 11 COURT
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: RSD () Delete
Name: BRAVERMAN, KAREN F
Address: 3551 FAIRFAX LN
City-St-Zip: DAVIE, FL 33330

Title: VPD () Delete
Name: BRYAN, EDIE
Address: 10001 NW 4TH STREET
City-St-Zip: DAVIE, FL 33324

Title: TD () Delete
Name: ROCKS, JODY T
Address: 15191 SW 20TH ST
City-St-Zip: DAVIE, FL 33326

Title: CSD () Delete
Name: COTTON, CAROL
Address: 5751 CYPRESS RD APT C411
City-St-Zip: PLANTATION, FL 33317

Title: VPD () Delete
Name: STEGMAN, GLORIA
Address: 1521 NE 39 ST
City-St-Zip: POMPANO BCH, FL

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
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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 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: JODY ROCKS

TD

05/04/2009

Electronic Signature of Signing Officer or Director

Date