


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90224 020 \*\*\*\*61.25

<b>DOCUMENT # N31985</b> 1. Entity Name NORTH PORT AREA ART GUILD, INC.					
Principal Place of Business 3962 WARRIOR AVENUE NORTH PORT, FL 34287 US			Mailing Address P.O. BOX 7523 NORTH PORT, FL 34287 US		
2. Principal Place of Business 12739 S. Tamiami Tr		3. Mailing Address Suite, Apt. #, etc.			
City & State NORTH PORT, FL		City & State Suite, Apt. #, etc.		05012006 Chg-NP CR2E037 (4/06)	
Zip 34287		Country SARASOTA		4. FEI Number 65-0122432	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SALO, ALLEN 3962 WARRIOR AVENUE NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name <u>LINDA L. PICKRELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>12739 S. TAMIAAMI TR</u> City <u>NORTH PORT</u> <u>FL</u> Zip Code <u>34287</u>		
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 <u>Linda L. Pickrell</u> DATE <u>4/29/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POISSON, TIMOTHY J 4000 S. BISCAYNE DR #110 NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-MACHADO, CAROLYN 2268 SNOVER AVE NORTH, PORT, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROY, LELIJA 1985 COCONUT PALM CR NORTH PORT, FL 34268	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVERHOLSER, JOAN VP 2137 BOXWOOD ST NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKRELL, LINDA L 12739 SOUTH TAMIAAMI TRAIL NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-Beausoleil, CATHERINE 4476 Symco Ave NORTH PORT, FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OVERHOLSER, JOAN 2137 BOXWOOD ST NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACOSTA, DOROTHY 3374 MOUNT HOPE ST NORTH PORT, FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DACOSTA, DOROTHY 3374 MOUNT HOPE ST NORTH PORT, FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALO, ALLEN D 3962 WARRIOR AVENUE NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUMPER, PAT 4201 FAIRWAY DR. NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	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: <u>Linda L. Pickrell</u> <u>LINDA L. PICKRELL</u> <u>4/29/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					