

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31985

FILED
Mar 05, 2007
Secretary of State

Entity Name: NORTH PORT AREA ART GUILD, INC.

Current Principal Place of Business:

12739 SOUTH TAMiami TR
NORTH PORT, FL 34287 US

New Principal Place of Business:

3943 WHISPERING OAKS DR.
NORTH PORT, FL 34287 US

Current Mailing Address:

P.O. BOX 7523
NORTH PORT, FL 34287 US

New Mailing Address:

3943 WHISPERING OAKS DR.
NORTH PORT, FL 34287 US

FEI Number: 65-0122432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKRELL, LINDA L
12739 SOUTH TAMiami TR
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

PICKRELL, LINDA L
12739 S. TAMiami TRAIL
NORTH PORT, FL 34287 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:

03/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACHARO, CARLOYN
Address: 2268 SNOVER AVE
City-St-Zip: NORTH PORT, FL 34286

Title: VP () Delete
Name: OVERHOLSER, JOAN
Address: 2137 BOXWOOD ST
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: PICKRELL, LINDA L
Address: 12739 SOUTH TAMiami TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: BEAUSOLEZ, CATHERINE
Address: 4476 SYMCO AVE
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: DACOSTA, DOROTHY
Address: 3374 MOUNT HOPE ST
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: MUMPER, PAT
Address: 4201 FAIRWAY DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ETTER, STEPHEN
Address: 3943 WHISPERING OAKS DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change () Addition
Name: ETTER, JAYNE
Address: 3943 WHISPERING OAKS DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: PICKRELL, LINDA L
Address: 12739 S. TAMiami TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: CS (X) Change () Addition
Name: BEAUSOLEIL, CATHERINE
Address: 4476 SYMCO AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: RS (X) Change () Addition
Name: HAGGETT, ROD
Address: 629 SCHOONER STREET
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: MUMPER, PAT
Address: 4201 FAIRWAY DR.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA L. PICKRELL

T

03/05/2007

Electronic Signature of Signing Officer or Director

Date