


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90094 016 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N31985</b><br>1. Entity Name<br>NORTH PORT AREA ART GUILD, INC.  |   |   |  |    |  |
| Principal Place of Business<br>3943 WHISPERING OAKS DR.<br>NORTH PORT, FL 34287 US   |   |   | Mailing Address<br>3943 WHISPERING OAKS DR.<br>NORTH PORT, FL 34287 US |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>5950 SAM SHAPOS WAY</b>   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>← SAME AS</b>          |   |  |
| City & State<br><b>NORTH PORT FL</b>   |   | City & State<br><b>NORTH PORT FL</b>  |  | 4. FEI Number<br><b>65-0122432</b>  |  |
| Zip<br><b>34287</b>  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PICKRELL, LINDA L</b><br><b>12739 S. TAMiami TRAIL</b><br><b>NORTH PORT, FL 34287</b>  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b><br><b>ETTER, STEPHEN</b><br><b>3943 WHISPERING OAKS DRIVE</b><br><b>NORTH PORT, FL 34287</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VP</b><br><b>ETTER, JAYNE</b><br><b>3943 WHISPERING OAKS DRIVE</b><br><b>NORTH PORT, FL 34287</b>  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>T</b><br><b>PICKRELL, LINDA L</b><br><b>12739 S. TAMiami TRAIL</b><br><b>NORTH PORT, FL 34287</b>  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>CS</b><br><b>BEAUSOLEIL, CATHERINE</b><br><b>4476 SYMCO AVE.</b><br><b>NORTH PORT, FL 34286</b>    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>RS</b><br><b>HAGGETT, ROD</b><br><b>629 SCHOONER STREET</b><br><b>NORTH PORT, FL 34287</b>         | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>MUMPER, PAT</b><br><b>4201 FAIRWAY DR.</b><br><b>NORTH PORT, FL 34287</b>              | <input type="checkbox"/> Delete   |  |   |  |
| 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: <i>Linda L. Pickrell</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |
| Date<br><b>1/10/08</b>   |   |   |  | Daytime Phone #<br><b>941-426-4773</b>  |  |

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01102008 Chg-NP CR2E037 (12/06)