

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31985

FILED
Mar 04, 2009
Secretary of State

Entity Name: NORTH PORT AREA ART GUILD, INC.

Current Principal Place of Business:

5950 SAM SHAPOS WAY
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

5950 SAM SHAPOS WAY
NORTH PORT, FL 34287 US

New Mailing Address:

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 S. TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

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

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

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

Title: RS () Delete
Name: HAGGETT, ROD
Address: 629 SCHOONER STREET
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: NAIL, EILEEN
Address: 1191 EAGLES FLIGHT WAY
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change () Addition
Name: THEIL, BERNARD C
Address: 1834 SCARLETT AVE.
City-St-Zip: NORTH PORT, FL 34289

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
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: LINDA L. PICKRELL

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date