

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31985

FILED
Apr 05, 2012
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:

HALL, LOUISE D
406 VIVAR
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: D
Name: HALL, LOUISE D
Address: 406 VIVAR
City-St-Zip: NORTH PORT, FL 34287 US

Title: D
Name: DAWKINS, CAROL
Address: 4415 BRODEL AVENUE
City-St-Zip: NORTH PORT, FL 34286 US

Title: S
Name: SYLVESTER, CHRIS
Address: 6046 SLADE ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: T
Name: MAPLES, MARY M
Address: 6861 MARIUS ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP
Name: HILLIARD, SANDI
Address: 4998 ESALANTE DRIVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: P
Name: ALSPAUGH, MARY
Address: 6258 LENAPE LANE
City-St-Zip: NORTH PORT, FL 34291 US

I hereby 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 all other like empowered.

SIGNATURE: MARY M MAPLES

TREA

04/05/2012

Electronic Signature of Signing Officer or Director

Date