

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N48931** (2)

1. Corporation Name

**THE ART GUILD OF PONCE INLET, INC.**



Principal Place of Business

Mailing Address

4670 S PENINSULA DR.  
PONCE INLET FL 32127

4670 S PENINSULA DR.  
PONCE INLET FL 32127

3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4670 S. PENINSULA DR.**

26 **P.O. BOX 238414**

4. FEI Number **59-3131891** Applied For Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **PONCE INLET FL**

28 **DAYTONA BEACH, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32127** 25 **USA**

29 **32123-8414** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSEN, MARY D.  
STORCH, HANSEN & MORRIS P.A.  
1620 S CLYDE MORRIS BLVD., S-300  
DAYTONA BCH. FL 32119**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOVAISIS, ROSE	
STREET ADDRESS	4192 MICHAEL LANE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOPLIN, DEBBIE	
STREET ADDRESS	103 PONCE DE LEON CIRCLE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLORE, EDWINA	
STREET ADDRESS	4562 ALDER DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DE PEW, SHIRLEY	
STREET ADDRESS	118 RAINS DR.	
CITY-ST-ZIP	PONCE INLET FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY THOMSON	
1.3 STREET ADDRESS	124 WHITE HERON DR.	
1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32119	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA THOMPSON	
2.3 STREET ADDRESS	3931 LANGFORD RD	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVELYN S ROBERTS	
4.3 STREET ADDRESS	5997 PELHAM DRIVE	
4.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn S. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 904/756-9270  
Date Daytime Phone #

EVELYN S. ROBERTS

CR2E037 (12/95)