

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

**FILED**

**Jun 20 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N48931 (2)**

1. Corporation Name  
**THE ART GUILD OF PONCE INLET, INC.**



Principal Place of Business <b>1670 S PENINSULA DR. PONCE INLET FL 32127 US</b>	Mailing Address <b>PO BOX 238414 FL 32123-8414 US ALLANDALE, FL 32123-8414</b>	3. Date Incorporated or Qualified <b>05/18/1992</b>	3a. Date of Last Report <b>04/24/1996 1997</b>
--	---	--	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3131891</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HANSEN, MARY D STORCH, HANSEN &amp; MORRIS P.A. 1620 S CLYDE MORRIS BLVD., S-300 DAYTONA BCH. FL 32119</b>		10. Name and Address of New Registered Agent		
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>THOMSON, MARY</b>	1.1 TITLE <b>PD</b>	1.1 NAME <b>PRES. ANDERSON, LOU</b>
STREET ADDRESS <b>124 WHITE HERON DR.</b>	CITY-ST-ZIP <b>DAYTONA BCH FL 32119</b>	1.2 NAME	1.2 STREET ADDRESS <b>4766 SO. ATLANTIC AVE</b>
		1.3 STREET ADDRESS	1.3 CITY-ST-ZIP <b>PONCE INLET, FL 32127</b>
TITLE <b>VD</b>	NAME <b>THOMPSON, BARBARA</b>	2.1 TITLE <b>VD</b>	2.1 NAME <b>V. PRES JOHNSON, ERLYNNIE</b>
STREET ADDRESS <b>3931 LANGFORD RD.</b>	CITY-ST-ZIP <b>NEW SMYRNA BCH FL 32168</b>	2.2 NAME	2.2 STREET ADDRESS <b>634 NO. HALIFAX DR.</b>
		2.3 STREET ADDRESS	2.3 CITY-ST-ZIP <b>DAYTONA BEACH FL 32118</b>
TITLE <b>SD</b>	NAME <b>CLORE, EDWINA</b>	3.1 TITLE <b>SD</b>	3.1 NAME <b>SEC. DANDORF, JEAN</b>
STREET ADDRESS <b>4562 ALDER DR</b>	CITY-ST-ZIP <b>PORT ORANGE FL</b>	3.2 NAME	3.2 STREET ADDRESS <b>3190 ROYAL BIRKDALE WAY</b>
		3.3 STREET ADDRESS	3.3 CITY-ST-ZIP <b>DAYTONA BEACH FL 32124</b>
TITLE <b>TD</b>	NAME <b>ROBERTS, EVELYN S</b>	4.1 TITLE	4.1 NAME
STREET ADDRESS <b>118 RAINS DR</b>	CITY-ST-ZIP <b>PORT ORANGE FL 32127</b>	4.2 NAME	4.2 STREET ADDRESS <b>5997 PELHAM DRIVE</b>
		4.3 STREET ADDRESS	4.3 CITY-ST-ZIP
TITLE	NAME	4.4 TITLE <b>TD</b>	4.4 NAME <b>TREASURER LAND, CAROLYN</b>
STREET ADDRESS	CITY-ST-ZIP	4.5 NAME	4.5 STREET ADDRESS <b>70 RAINS CT</b>
		4.6 STREET ADDRESS	4.6 CITY-ST-ZIP <b>PONCE INLET, FL 32127</b>
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.2 STREET ADDRESS
		6.3 STREET ADDRESS	6.3 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

*[Handwritten signatures and notes: "returning", "delete", "new Treasurer", "Blk Dep \$61.25", "1/12/97", "788-0699", "944-761-9300"]*

CR2E037 (9/96)