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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48931

1. Corporation Name

THE ART GUILD OF PONCE INLET, INC.

Principal Place of Business

4670 S PENINSULA DR.
PONCE INLET FL 32127
US

Mailing Address

PO BOX 238414
ALLANDALE FL 32123-8414
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
05/18/1992

4. FEI Number
59-3131891

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD
NAME ANDERSON, LOU
STREET ADDRESS 4766 SO. ATLANTIC AVE
CITY-ST-ZIP PONCE INLET FL 32127
 DELETE

TITLE VD
NAME ERLYNNE, JOHNSON
STREET ADDRESS 634 NO. HALIFAX DR.
CITY-ST-ZIP DAYTONA BEACH FL 32118
 DELETE

TITLE SD
NAME DANDORF, JEAN
STREET ADDRESS 3190 ROYAL BIRKDALE WAY
CITY-ST-ZIP DAYTONA BEACH FL 32124
 DELETE

TITLE TD
NAME LAND, CAROLYN
STREET ADDRESS 70 RAINS CT
CITY-ST-ZIP PONCE INLET FL 32127
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Land, Carolyn
1.3 STREET ADDRESS 5961 Broken Bow Lane
1.4 CITY-ST-ZIP Port Orange Fl. 32127
 Change Addition

2.1 TITLE VD
2.2 NAME Rein hart, Viulan
2.3 STREET ADDRESS 82 Maple in the Woods
2.4 CITY-ST-ZIP Daytona Beach Fl. 32119
 Change Addition

3.1 TITLE SD
3.2 NAME Amrojan, Jan
3.3 STREET ADDRESS 87 Cindy Lane
3.4 CITY-ST-ZIP Ponce Inlet Fl. 32127
 Change Addition

4.1 TITLE TD
4.2 NAME Fitzpatrick, Jane A.
4.3 STREET ADDRESS 75 Circle Drive
4.4 CITY-ST-ZIP Port Orange Fl. 32127
 Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jane A. Fitzpatrick

Date

1/18/99

Daytime Phone #

904-761-1944

CR2E037 (1/198)