

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90014 010 ****61.25

DOCUMENT # N48931

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3131891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete
NAME KEVRA, DORIS
STREET ADDRESS 4512 NETTLE REER CT
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE PD ☒ Delete
NAME SKARB, PAT
STREET ADDRESS 707 CENTRAL PARK BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE SD ☒ Delete
NAME DEPEW, SHIRLEY
STREET ADDRESS 520 CEBTRAK PARK BLVD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TD ☒ Delete
NAME STEPHENSON, ESTHER
STREET ADDRESS 722 CENTRAL PARK BLVD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME GINGER HAYNES
STREET ADDRESS 715 VIOLET ST
CITY-ST-ZIP S. DAYTONA 32119 FL

TITLE VD ☒ Change ☐ Addition
NAME DIANE HAND
STREET ADDRESS 119 Inlet Harbor Rd
CITY-ST-ZIP Ponce INLET FL 32127

TITLE SD ☒ Change ☐ Addition
NAME BETTY KNOLL
STREET ADDRESS 102 SPYGLASS Circle
CITY-ST-ZIP DAYTONA Bch FL 32114

TITLE TD ☐ Change ☐ Addition
NAME Lucie Sonnenberg
STREET ADDRESS 1054 OAK FOREST CIR
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucie Sonnenberg* *8/12/04* *7601135*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #