2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N48931

Entity Name: THE ART GUILD OF PONCE INLET, INC.

Current Principal Place of Business:

4670 S PENINSULA DR.
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 238414
ALLANDALE, FL 321238414 US

New Mailing Address:

FEI Number: 59-3131891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 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: PD ( ) Delete
Name: HAYNES, GINGER
Address: 715 VIOLET ST
City-St-Zip: S. DAYTONA, FL 32119

Title: VD ( ) Delete
Name: HAND, DIANE
Address: 119 INLET HARBOR RD
City-St-Zip: DAYTONA BEACH, FL 32127

Title: SD ( ) Delete
Name: KNOLL, BETTY
Address: 102 SPYGLASS CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete
Name: SONNENBERG, LUCIE
Address: 1054 OAK FOREST CIR
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAND, DIANNE
Address: 119 INLET HARBOR RD
City-St-Zip: PONCE INLET, FL 32127

Title: VD (X) Change ( ) Addition
Name: DANDORF, JEAN
Address: 3190 ROYAL BIRKDALE WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: TD (X) Change ( ) Addition
Name: KNOLL, BETTY
Address: 102 SPYGLASS CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD (X) Change ( ) Addition
Name: KEVRA, DORIS
Address: 4512 NETTLE CREEK COURT
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BETTY KNOLL TD 01/05/2005

Electronic Signature of Signing Officer or Director — Date