

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48931

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**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:**

1054 OAK FOREST CIR  
PORT ORANGE, FL 32129 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  
Name: MURPHY, DELORES  
Address: 630 HILLS BLVD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: VP  
Name: PAT, SKARB  
Address: 707 CENTRAL PARK BLVD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: TD  
Name: SONNENBERG, LUCIE  
Address: 1054 OAK FOREST CIR  
City-St-Zip: POT ORANGE, FL 32129 US

Title: SD  
Name: GUIDO, PAT  
Address: 2987 S ATLANTIC AVE #1606  
City-St-Zip: DAYTONA BCH, FL 32118 US

I hereby 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 all other like empowered.

SIGNATURE: LUCIE SONNENBERG

TR

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date