2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90305 001 *****8.75
03-28-2003 90305 002 ****61.25

DOCUMENT # N48931

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

Principal Place of Business	Mailing Address
4670 S PENINSULA DR. PONCE INLET FL 32127 US	PO BOX 238414 ALLANDALE FL 32123-8414 US

☐ CHECK HERE IF MAKING CHANGES

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	~~PD~~ VD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	KEVRA, DORIS		NAME	SKARB, PAT	
STREET ADDRESS	4512 NETTLE REER CT		STREET ADDRESS	707 Central Park Blvd	
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP	Daytona Beach FL, 32127	
TITLE	~~VD~~ PD	☐ Delete	TITLE	VD	☑ Change ☐ Addition
NAME	SKARB, PAT		NAME	KEVRA, DORIS	
STREET ADDRESS	707 CENTRAL PARK BLVD		STREET ADDRESS	4512 NETTLE REER CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32127		CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEPEW, SHIRLEY		NAME		
STREET ADDRESS	520 CEBTRAK PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, ESTHER		NAME		
STREET ADDRESS	722 CENTRAL PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/02)

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: Esther J. Stephenson TD March 25, 2003 386-760-1392