

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004031 (0)

1. Corporation Name

THE APPLETON MUSEUM OF ART GUILD, INC.

Principal Place of Business

Mailing Address

4333 E SILVER SPRINGS BLVD.
OCALA FL 34470-5000

4333 E SILVER SPRINGS BLVD.
OCALA FL 34470-5000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

4. FEI Number

59-3236386

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITTNER, SELMA K
550 SILVER COURSE LOOP
OCALA FL 34472

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Selma K Wittner

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	DIETZ, ROSE	4588 NE 2ND ST	OCALA, FL 34470
V.P.D.	SHANNON, JANE	5635 SE 44TH AVE	OCALA, FL 34480
TD	WITTNER, SELMA K	550 SILVER COURSE LOOP	OCALA, FL 34472
D	SCHMEHL, LEON	38 PINE TRAIL	OCALA, FL 34472
D	DONALDSON, ELOISE	623 A. MIDWAY DR.	OCALA, FL 34472
D	LALLA, JOANN	149 ALMOND RD	OCALA, FL 34472

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
☐ Change ☐ Addition			
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
☐ Change ☐ Addition			
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
☐ Change ☐ Addition			
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
☐ Change ☐ Addition			
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
☐ Change ☐ Addition			
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Selma K Wittner SELMA K. WITTNER

Date

4/25/95

Signature Three