FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004031 (0)

THE APPLETON MUSEUM OF ART GUILD, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					(409(1)(0) B) D (E()(619(6 B4))(60(1) 60(1) 65(1) 60(1) 31(0) 90(0) (1)(0) 1(0) 1(0)
4333 E SILVER SPRINGS BLVD. OCALA FL 34470-5000		4333 E SILVER SPRINGS BLVD. OCALA FL 34470-5000			3. Date Incorporated or Qualified
İ					08/15/1994 4. FEI Number Applied For
					4. FEI Number Applied For S9-3236386 Not Applicable
2. Principal Place of Business 2a. Mailing Address					- ¢0.7E
21 26		26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution
·			City & State		7. Is this nonprofit corporation a homeowners association?
23 Zin			T. Causta		☐ Yes 🔀 No
Zìp	Country	Zip 29 3	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	9. Name and Address of Curren		<u>U1</u>		Personal Property Tax due June 30. SHYes No 10. Name and Address of New Registered Agent
	g, manie did Addition of Carron	it trogistered Agent	81	Name	
\ASTTAIT!	D CCINA V		Ľ		
WITTNER, SELMA K			82	Street	Address (P.O. Box Number is Not Acceptable)
550 SILVER COURSE LOOP OCALA FL 34472			83		· · · · · · · · · · · · · · · · · · ·
			84	City	85 Zip Code
					FL ! `
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
12. OFFICERS AND DIRECTORS 13.				en algresiale	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		PD Addition
NAME	DIETZ, ROSE		1.2 NAME		12 5 MA 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	4588 NE 2ND ST.		1.3 STREET	ADDRESS	553 SILVER COURSE LOOD
CITY-ST-ZIP	OCALA FL 34470		1.4 CITY-S		OCALA FL 34472
TITLE	V	DELETE	2.1 TITLE		V C
NAME	SHANNON, JANE		2.2 NAME		BORIS 20NES
STREET ADDRESS	5635 SE 44TH AVE.		2.3 STREET	ADDRESS	26 EMERALD DR
CITY-ST-ZIP	OCALA FL 34480		2, 4 CITY-S		OCALA FL 34472
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WITTNER, SELMA K		3.2 NAME		TD Change Addition ROSE DIETZ Action 4588 NE 2 nd ST
STREET ADDRESS	550 SILVER COURSE LOOP		3.3 STREET	ADDRESS	4588 NE 20 31
CITY-ST-ZIP	OCALA FL 34472		3.4. CITY - S	T-ZIP	OCALA FL 34470
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMEHL, LEON		4. 2 NAME		
STREET ADDRESS	38 PINE TRACK		4.3 STREET	ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	<u> </u>	4.4 CITY - S	F-ZIP	
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	lalla, Joann		5.2 NAME		
STREET ADDRESS	149 ALMOND ROAD		5.3 STREET	ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		5.4 CITY - S	T-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DONALDSON, ELOISE	•	6.2 NAME		
STREET ADDRESS	623 A. MIDWAY DRIVE	!	6.3 STREET	ADDRESS	
			6.4 CITY-S		
i 14. Thereby o	ertify that the information supplied wi	th this filing does not qualify for t	ne exempl	tion state	ed in Section 119.07(3)(i). 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.