


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000002447 (8)</b> 1. Corporation Name <b>RUSKIN PLACE ARTISTS' GUILD, INC.</b>					
Principal Place of Business <b>210 RUSKIN PLACE SEASIDE FL</b>			Mailing Address <b>POST OFFICE BOX 4908 SANTA ROSA BEACH FL 32459</b>		
2. Principal Place of Business 21 <b>SAME</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/29/1996</b>	
22 City & State 23		27 City & State 28		4. FEI Number <b>NOT APPLICABLE</b>	
24 Zip 25 Country		29 Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ZIVAN, JEROME A          4540 HIGHWAY 20 EAST          NICEVILLE FL 32578</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DRAGONETTE, PENNY		1.1 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	210 RUSKIN PLACE		1.2 NAME	CHARLOTTE ARNDT	
CITY-ST-ZIP	SANTA ROSA BEACH FL		1.3 STREET ADDRESS	303 RUSKIN PLACE	
			1.4 CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, RUSS		2.2 NAME	JUDITH PROCTOR	
STREET ADDRESS	306 RUSKIN PL		2.3 STREET ADDRESS	304 RUSKIN PLACE	
CITY-ST-ZIP	SANTA ROSA BCH FL		2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, JACQUENNE M		3.2 NAME	DON STONE	
STREET ADDRESS	306 RUSKIN PLACE		3.3 STREET ADDRESS	306 RUSKIN PLACE	
CITY-ST-ZIP	SANTA ROSA BEACH FL		3.4 CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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: *[Signature]* 2/12/98

CR2E037 (1097)