

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90152 040 ****61.25

00-0737

DOCUMENT # N96000002447

1. Corporation Name

RUSKIN PLACE ARTISTS' GUILD, INC.

Principal Place of Business

210 RUSKIN PLACE
SEASIDE FL

Mailing Address

POST OFFICE BOX 4908
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ZIVAN, JEROME A
4540 HIGHWAY 20 EAST
NORWELL FL 33073

Julie Selleck
2217 Hwy C30A
Ste. D
SANTA ROSA BEACH FL

10. Name and Address of New Registered Agent

81 Name

Julie Selleck

82 Street Address (P.O. Box Number is Not Acceptable)

2217 Hwy C30A

83

STED

84 City

SANTA ROSA BEACH

FL

85 Zip Code

32459

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

Julie Selleck

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AARON, CHARLOTTE
STREET ADDRESS 303 RUSKIN PLACE
CITY-ST-ZIP SANTA ROSA BEACH FL 32489

TITLE TD ☐ DELETE

NAME PROCTOR, JUDITH
STREET ADDRESS 304 RUSKIN PLACE
CITY-ST-ZIP SANTA ROSA BCH FL 32459

TITLE SD ☐ DELETE

NAME STONE, DON
STREET ADDRESS 306 RUSKIN PLACE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Judith Proctor (Typed Name)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 850-231-1091

CR2E037 (11/98)