

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # N97000000488

1. Entity Name
ARTISTS' GUILD, INC.



Principal Place of Business
**2600 N. MILITARY TRAIL
NORTHWOOD UNIVERSITY
W. PALM BEACH, FL 33409**

Mailing Address
**% PEGGY GORMAN
513 GREENWAY DRIVE
N. PALM BEACH, FL 33408**



01132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0729905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RITZ, MATTY
5234 TIFFANY ANNE CIR
W. PALM BCH, FL 33417**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RITZ, MATTY
5234 TIFFANY ANN CIRCLE
WEST PALM BEACH, FL 33417**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GORMAN, PEGGY
513 GREENWAY DRIVE
NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BUTLER, ANN
8109 C OAKTON COURT
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000764581
-05/31/07-80003-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #