

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90058 004 \*\*\*\*61.25

**DOCUMENT # N97000004950**

1. Entity Name

FROSTPROOF ART LEAGUE AND GALLERY, INC.



Principal Place of Business

12 EAST WALL STREET  
FROSTPROOF FL 33843

Mailing Address

P.O. BOX 654  
FROSTPROOF FL 33843  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3473603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPURLOCK, DONNA  
2166 N LAKE REEDY BLVD  
FROSTPROOF FL 33843

7. Name and Address of New Registered Agent

Name

GEORGE JACKSON

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

509 West 7th Street

City

Frostproof

FL

Zip Code

33843

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, LEON	
STREET ADDRESS	10404 HWY 27 1T 433	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GIFFORD, LEON	
STREET ADDRESS	10404 HWY 27LT 433	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, PATRICIA	
STREET ADDRESS	2266 NORTH LAKE REDDY BLVD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SPURLOCK, DONNA	
STREET ADDRESS	2166 N LAKE REEDY BLVD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNIGAN, MARIE	
STREET ADDRESS	389 ALDO RD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FACKENTHAL, MIKE	
STREET ADDRESS	500 US 275 LILY LAKE 380	
CITY-ST-ZIP	FROSTPROOF FL 33843	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM FREEMAN	
STREET ADDRESS	14756 CAMP MACK RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JODY GONSER	
STREET ADDRESS	2720 CLUBHOUSE DRIVE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY FUTRAL	
STREET ADDRESS	316 W WALL STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE JACKSON	
STREET ADDRESS	509 WEST 7TH STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNIGAN, MARIE	
STREET ADDRESS	389 ALDO RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANN GIFFORD	
STREET ADDRESS	10404 HWY 27 Lt 433	
CITY-ST-ZIP	FROSTPROOF, FL 33843	

12. 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 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 #

*George Jackson* Treasurer

3-3 - of 863-635-7271