

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 027 \*\*\*\*70.00

<b>DOCUMENT # N97000004950</b>					
<b>1. Entity Name</b> FROSTPROOF ART LEAGUE AND GALLERY, INC.					
<b>Principal Place of Business</b> 12 EAST WALL STREET FROSTPROOF, FL 33843			<b>Mailing Address</b> P.O. BOX 654 FROSTPROOF, FL 33843 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3473603	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
JACKSON, GEORGE 509 WEST 7TH STREET FROSTPROOF, FL 33843				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> CD	<b>NAME</b> FREEMAN, TOM		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 14756 CAMP MACK RD	<b>CITY-ST-ZIP</b> LAKE WALES, FL 33853				
<b>TITLE</b> T	<b>NAME</b> JACKSON, GEORGE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 509 WEST 7TH STREET	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> DP	<b>NAME</b> HANNIGAN, MARIE		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 389 ALDO RD	<b>CITY-ST-ZIP</b> BABSON PARK, FL 33827				
<b>TITLE</b> VP/D	<b>NAME</b> NESMITH, CHARLIE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8 LIPPITT AVE	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> D	<b>NAME</b> BOWEN, PAT		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2266 N. LK. Reedy Blvd.	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> D	<b>NAME</b> JACKSON, JUDITH		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 509 WEST 7TH ST	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P/D	<b>NAME</b> GIFFORD, LEON		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10404 Hwy 27 Lot 433	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> D	<b>NAME</b> LESCARD, DIANE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9351 Tigra Creek Trail	<b>CITY-ST-ZIP</b> LAKE WALES, FL 33898				
<b>TITLE</b> D	<b>NAME</b> McQuinn, THALMA		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1900 S. LAKE Reedy Blvd LOT 125	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> S/D	<b>NAME</b> AIREY, Vicki		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1863 N. LAKE Reedy Blvd.	<b>CITY-ST-ZIP</b> FROSTPROOF, FL 33843				
<b>TITLE</b> D	<b>NAME</b> AUSTIN, MARY		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2230 SWAN PLACE	<b>CITY-ST-ZIP</b> LAKE WALES, FL 33859				
<b>TITLE</b> D	<b>NAME</b> MILLER, TERRI		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3157 HOLIDAY Beach DR	<b>CITY-ST-ZIP</b> AVON PARK FL 33825				
<b>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.</b>					
<b>SIGNATURE:</b> <u>George R. Jackson (GEORGE R. JACKSON)</u> 4-18-06    863-635-2728					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

ATTACHMENT 60029898  
FROSTPROOF ART LEAGUE + GALLERY INC. (CONT.)

F E I NUMBER 59-3473603

Doc. # N9700000 V950

D  
SULLIVAN, ESTELLE  
109 N. SCENIC HWY  
FROSTPROOF, FL 33843

D  
WILSON, PATRICIA  
33 E. WALL ST.  
FROSTPROOF, FL 33843