

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 036 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JACKSON, GEORGE 509 WEST 7TH STREET FROSTPROOF, FL 33843				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3473603	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE <u>George R. Jackson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIFFORD, LEON 10404 HWY 27 LOT 433 FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN GIFFORD 10404 Hwy 27 Lot 433 Frostproof, FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Delete JACKSON, GEORGE 509 WEST 7TH STREET FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAY HUTZELMAN 758 N. LAKE READY BLVD. Frostproof, FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCQUEN, THELMA 1900 SOUTH LAKE READY BLVD LOT 125 FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GAYLE REEDER 401 ALDO RD Babson Park, FL 33827	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete NESMITH, CHARLIE 8 LIPPITT AVE FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERMI MURRAY 7157 Highway Beach Dr Ann Park, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOWEN, PAT 2266 NORTH LK READY BLVD FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY ANNE 2280 SWAN PLAZA Lake Wales, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/vp <input type="checkbox"/> Delete JACKSON, JUDITH 509 WEST 7TH ST FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deanne Murray P.O. Box 36 AUSTIN, FL 33828	
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: <u>George R. Jackson</u> <u>3/23/08</u> <u>868-6352728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

11 (cont)

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BIHL, John
366 W A. ST
P.O. Box 700
Frostproof FL
33843

ATTACHMENT

40052639

#N97000004950

D

Wilson, Patricia
P.O. Box 832
LAKE WALES, FL
33859