

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90332 026 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3473603**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

*Donna Spurlock*  
(NOTE: Registered Agent signature required when reinstating)

*2/14/03*  
DATE

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	DS BLAKELEY, JUDY 157 SAND PINE TRAIL FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIFFORD, LEON 3449 NORTH HWY 27 #541 FROSTPROOF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOWEN, PATRICIA 2266 NORTH LAKE REDDY BLVD FROSTPROOF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPURLOCK, DONNA 2166 N LAKE REEDY BLVD FROSTPROOF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARSHMAN, FRANK 3449 NORTH HWY 27 #238 FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, SUE 640 BOHDE RD BABSON PARK FL 33827	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIFFORD, JO ANN 10404 hwy 27 lt 433 FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIFFORD, LEON 10404 HWY 27 LT 433 FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE HANNIGAN 389 ALDO RD BABSON PARK FL 33827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIKE FACKENTHAL 500 US 27S LILY LAKE #380 FROSTPROOF FL 33843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Donna Spurlock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donna Spurlock*

*2/14/03*  
Date

Daytime Phone #

CR2E037 (10/02)