

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006401

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE ART GUILD, INC.

Current Principal Place of Business:

120-108TH AVE.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

120-108TH AVE.
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-1004105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILDER, FRED
6363 GULF WINDS DR
SAINT PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARINO, PETER
Address: 8151 36TH AVE NO
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP () Delete
Name: ANDERSON, JUDITH
Address: 7600 BAYSHORE DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: MARSH, MARY
Address: 1601 43 STREET N #232
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: SEC () Delete
Name: RALPH, JO ANN
Address: 406 SANDY HOOK DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TREA () Delete
Name: GRANDMAISON, PATRICIA
Address: 7868 4 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: A TR () Delete
Name: WILDER, FRED J
Address: 6161 GULF WINDS DRIVE
City-St-Zip: SAINT PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GRANDMAISON

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date