

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006542

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: STRAWBRIDGE ART LEAGUE, INC.

**Current Principal Place of Business:**

625 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

625 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-3507199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPECTOR, MAX  
3082 BLACKBIRD CT.  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

MARTINEZ, HONORA  
625 E. NEW HAVEN AVE  
MELBOURNE, FL 32901 US

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: HONORA MARTINEZ

02/05/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARANOWSKI, ED  
Address: 555 OLD OAK STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: EMERY, JOHN  
Address: 552 S. MAGNOLIA AVE.  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: BELCHER, LOU  
Address: 725 PORT MALABAR BLVD. NE APT 302  
City-St-Zip: PALM BAY, FL 32905

Title: T ( ) Delete  
Name: SPECTOR, MAX  
Address: 3082 BLACKBIRD CT.  
City-St-Zip: MELBOURNE, FL 32935

Title: M ( ) Delete  
Name: HANSON, GWEN  
Address: 114 FOURTEENTH AVE  
City-St-Zip: INDIALANTIC, FL 32903

**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: T (X) Change ( ) Addition  
Name: MARTINEZ, HONORA  
Address: 260 HAMMOCK RD. SE  
City-St-Zip: PALM BAY, FL 32909

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: HONORA MARTINEZ

T

02/05/2008

Electronic Signature of Signing Officer or Director

Date