

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006542

FILED
Mar 10, 2009
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:

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

Name and Address of New Registered Agent:

SPECTOR, MAX
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: MAX SPECTOR

03/10/2009

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: MARTINEZ, HONORA
Address: 260 HAMMOCK RD. SE
City-St-Zip: PALM BAY, FL 32909

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EMERY, JOHN
Address: 552 S MAGNOLIA AVE
City-St-Zip: MELBOURNE, FL 32935

Title: VP (X) Change () Addition
Name: BARANOWSKI, ED
Address: 555 OLD OAK STREET
City-St-Zip: MELBOURNE, FL 32935

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

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

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: MAX SPECTOR

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date