2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N98000001465

Entity Name: QUAYSIDE VISUAL ARTS ASSOCIATION, INC.

Current Principal Place of Business:

217 N.W. SYRCLE DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12382
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-3499533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGE, PAT
217 N.W. SYRCLE DRIVE
PENSACOLA, FL 32507 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:	DP	( ) Delete
Name:	PAGE, PATRICIA	
Address:	217 NW SYRCLE DR	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	T	( ) Delete
Name:	HARSFIELD, MEREDITH	
Address:	1259 LAMB DRIVE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	S	( ) Delete
Name:	TUZO, MARK	
Address:	3365 TOMPKINS STREET	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	TUZO, MARK	
Address:	3365 TOMPKINS ST	
City-St-Zip:	PENSACOLA, FL 32504	

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
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: PAT PAGE PRES 02/22/2009

Electronic Signature of Signing Officer or Director — Date