

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010842

Entity Name: CREATE THE ARTIST'S GUILD OF NORTH FLORIDA, INC.**Current Principal Place of Business:**118 EBERHARD AVE.
PALATKA, FL 32177**Current Mailing Address:**118 EBERHARD AVE.
PALATKA, FL 32177**FEI Number: 51-0603906****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUKE, CLARA TBOARD D
118 EBERHARD AVE.
PALATKA, FL 32177 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRUS
Name	LUKE, CLARA T
Address	118 EBERHARD AVE.
City-State-Zip:	PALATKA FL 32177

Title	TRUS
Name	SANFORD, CHRISTY
Address	312 DODGE STREET
City-State-Zip:	PALATKA FL 32177

Title	TRUS
Name	CORREA, ROBERTA
Address	118 DODGE STREET
City-State-Zip:	PALATKA FL 32177

Title	VP
Name	TUCKER, LINDA O
Address	133 HUBERS FISH CAMP ROAD
City-State-Zip:	CRESCENT CITY FL 32112

Title	CHAIRMAN
Name	LORD, CHARLOTTE
Address	110 VIOLET FOX ROAD
City-State-Zip:	CRESCENT CITY FL 32112

Title	TRES
Name	EVERETT, GLENDA B
Address	P.O. BOX 649
City-State-Zip:	HOLLISTER FL 32147

Title	PRESIDENT
Name	SHINDELBOWER, GARY
Address	121 CANNON COURT
City-State-Zip:	PALATKA FL 32177

I hereby 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 all other like empowered.

SIGNATURE: LUKE , CLARA , TBOARD D**BOARD OF DIRECTORS****01/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date