

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010769

Entity Name: FLORIDA SCULPTORS GUILD INC.**Current Principal Place of Business:**1320 ARDEN ST.
LONGWOOD, FL 32750**Current Mailing Address:**P.O. BOX 2602
APOPKA, FL 32712 US**FEI Number:** 27-4182334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIECK, AMY M
1320 ARDEN ST.
LONGWOOD, FL 32750 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 PRESIDENT
Name OMENS, JENE
Address 691 BROOKSIDE RD.
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name FARRAR, CATHERINE
Address 522 QUEENS MIRROR CIRCLE
City-State-Zip: CASSELBERRY FL 32707

Title TREASURER
Name DRAZICH, NATASHA
Address 5175 LAKE HOWELL ROAD
City-State-Zip: WINTER PARK FL 32792

Title SECRETARY
Name MENAND, SUSAN
Address 633 CROOKED PINE COURT
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name WIECK, AMY M
Address 1320 ARDEN ST
City-State-Zip: LONGWOOD FL 32750

Title VP
Name FRIBERG-VIVALDI, ARLENE
Address 13826 FOX GLOVE ST.
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name BEARD, DAN
Address 15842 CHESTNUT LANE
City-State-Zip: TAVARES FL 32707

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: AMY M WIECK**DIRECTOR****01/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date