

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

50 MAY 1 14 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700951

(7)

1. Corporation Name

FLORIDA FEDERATION OF THE ARTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% J. PENDLETON GAINES
1405 DOLIVE DR.
ORLANDO FL 32803

% J. PENDLETON GAINES
1405 DOLIVE DR.
ORLANDO FL 32803

3. Date Incorporated or Qualified

05/12/1960

3a. Date of Last Report

05/01/1994

4. FET Number

59-1233311

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES, J. PENDLETON
1405 DOLIVE DR.
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of agent or printed name of registered agent and date of application)

(Date) Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
GRANT, JULIE
957 PHELPS AVE N
WINTER PARK FL

11 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY, ST, ZIP

14 CITY, ST, ZIP

TITLE

V
FELDER, IRVING
180 S KNOWLES AVE
WINTER PARK FL

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY, ST, ZIP

TITLE

D
CUCUEL, BRUCE
2418 SUMMERFIELD RD.
WINTER PARK FL

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY, ST, ZIP

TITLE

D
KOEVENIG, JAMES L. (DR.)
845 KEYSTONE CIR.
OVIEDO FL

41 TITLE

☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY, ST, ZIP

TITLE

D
HEINEMANN, PAUL
208 PAMPAS GRASS CT.
LAKE MARY FL

51 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY, ST, ZIP

TITLE

61 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY, ST, ZIP

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or its successor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13. I change on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Pendleton Gaines 4-75-90

RAVENS
Agent