FILE NOW: FILING FEE IS \$61.25

26

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

PLORIDA LEAGUE OF THE ARTS, INC.

s cation saute plate differ action brook broth that affilt areas their deter as the activities that				
---	--	--	--	--

59-1967073

APPROVED AND

97 MAR - 3 PM 12: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Not Applicable

		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal Place of Business	Malling Address	
2408 EDGEWATER DRIVE MICEVILLE FL 32578	2408 EDGEWATER DRIVE NICEVILLE FL 32578-2304	
		3. Date Incorporated or Qualified 02/25/1966 07/01/1996
Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For

22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
23	City & State	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip Country 25	29	30	untry	·	This corporation has liability for Florida Statutes	intangible Yes	
	9. Name and Address of Current	Regi	stered Agent		1(). Name and Address of New Re	gistered	Agent
	3			81	Name			
	WARREN, J. RICHARD, DR. 2408 EDGEWATER DRIVE		82					
	NICEVILLE FL 32578			83				
. 4				84	City			85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. 14 CM ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 12						
TITLE	PD DELETE	13. NOTES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition			
NAME	WALKER, DOUGLAS A.	1.2 NAME	President Pro-Tempore & Change Adomion			
STREET ADDRESS	-7400 SAN JOSE BLVD, THE BOLLES SCH-	1.3 STREET ADDRESS	Dr. J. Richard Warren			
CITY-ST-ZIP	JAOKSONVILLE-FL-	1.4 CITY - ST - ZiP	2408 Edgewater Drive			
TITLE	SVP DELETE	2.1 TITLE	Wiceville Fl. 32578 X Change Addition			
NAME	*HLASNICEK; ANNE	2.2 NAME	1st Vice-President (Districts)			
STREET ADDRESS	*4400 S.E MURRAY STREET	2.3 STREET ADDRESS	Dr. Janis Kindred, Assoc. Dean			
CITY-ST-ZIP	STUART PL-	2.4 CITY+ST-ZIP	Stetson School of Music			
TITLE	1VP DELETE	3.1 TITLE	DeLand, FL 32720 Change Addition			
NAME	-GRAHAM, LARRY-N-	3.2 NAME	2nd Vice-President (Task Forces)			
STREET ADDRESS	-701-ECONLOCKHATCHEE TRL; VALENCIA COMM COL	3.3 STREET ADDRESS	Dr. Lemuel B. Moore, Dir. CultAffair			
CITY-ST-ZIP	-ORLANDO-FL	3.4. C(TY-ST-ZIP	City of Gainesville, FL 32601			
TITLE	RSDS	4.1 TITLE	Recording Secretary Change Addition			
NAME	-BAILEY, WAYNE-	4. 2 NAME	Dean Musson, Band Director			
STREET ADDRESS	-7400 CAN JOSE BLVD-	4.3 STREET ADDRESS	Pine Ridge H.S./925 Howland Blvd.			
CITY-ST-ZIP	JAOKSONVILLE FL 92217	4.4 CITY-ST-ZIP	Deltona,FL 32725			
TITLE	EOD	5.1 TITLE	Executive Officer/newsletter ed.			
NAME	WARREN, RICHARD J	5.2 NAME	(same: Dr. J. Richard Warren)			
STREET ADDRESS	2408 EDGEWATER DR.	6.3 STREET ADDRESS				
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	Change			
NAME ATTECT ADDRESS		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	Bu Dep\$ 70.50			
CITY-ST-ZIP		6.4 CITY - ST - ZIP	On the Post			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

904/678-3030 SIGNATURE: