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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710431** (8)

1. Corporation Name

FLORIDA LEAGUE OF THE ARTS, INC.

Principal Place of Business:

Mailing Address

**2408 EDGEWATER DRIVE
NICEVILLE FL 32578**

**2408 EDGEWATER DRIVE
NICEVILLE FL 32578**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1966

4. FEI Number

59-1967073

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**DOES NOT
EXIST**

**WARREN, J. RICHARD DR
2408 EDGEWATER DRIVE
NICEVILLE FL 32578**

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PDEO
WARREN, J. RICHARD DR
2408 EDGEWATER DRIVE
NICEVILLE FL 32578**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
KINDRED, JAMES DR
STETSON SCHOOL OF MUSIC
DELAND FL 32720**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
MOORE, LEMUEL B
DIR. OF CULTURAL AFFAIRS
GAINESVILLE FL 32601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
MUSSON, DEAN
925 HOWLAND BLVD, PINE RIDGE H.S.
DELTONA FL 32725**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **1ST VP - DISTRICTS**
2.2 NAME **STEVE MCCOWN**
2.3 STREET ADDRESS **18 S.W. MEMORIAL PARKWAY**
2.4 CITY - ST - ZIP **PORT WALTON BEACH, FL 32548**

3.1 TITLE **2ND VP - TASK FORCES**
3.2 NAME **J. EARL FARRIS DEAN HUMATA**
3.3 STREET ADDRESS **FLA. COMMUNITY COLLEGE AT JAX**
3.4 CITY - ST - ZIP **11901 BEACH BLVD. - JACKSONVILLE, FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **D**
5.2 NAME **1998 LOCAL CHM. - FLA ARTS CONGRESS**
5.3 STREET ADDRESS **BARBARA TIMBROOK**
5.4 CITY - ST - ZIP **BLDG 25 - GODDARD THEATRE**

6.1 TITLE **D**
6.2 NAME **1999 LOCAL CHM. - FLA ARTS CONGRESS**
6.3 STREET ADDRESS **SUE MOORE - PROF. THEATRE**
6.4 CITY - ST - ZIP **FLA. COMMUNITY COLLEGE AT JAX.**

14. I 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.

SIGNATURE:

J. Richard Warren

2-11-98 850-678-3030

CR2E037 (10/97)

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