

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732253 (0)

1. Corporation Name

THE DUNEDIN FINE ARTS CULTURAL CENTER, INC.



Principal Place of Business

Mailing Address

1143 MICHIGAN BLVD
DUNEDIN FL 34698-2712

1143 MICHIGAN BLVD
DUNEDIN FL 34698-2712

3. Date Incorporated or Qualified
03/25/1975

3a. Date of Last Report
10/26/1995

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 Zip Country

29 Zip Country

30 Zip Country

4. FEI Number
59-1621318

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

HUBBARD, JOHN
595 MAIN STREET
DUNEDIN FL 34698

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 in block letters, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JOHN HUBBARD

2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEHRING, SUSAN	
STREET ADDRESS	217 ABERDEEN ST.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REINHOLD, DR. KEN	
STREET ADDRESS	1741 HICKORY GATE DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILOTES, LOUISE	
STREET ADDRESS	2115 HICKORY GATE DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 0 34698	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YARD, JULIE	
STREET ADDRESS	229 FLORIDA AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	HUBBARD, JOHN	
STREET ADDRESS	595 MAIN ST.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVID, RICHARD	
STREET ADDRESS	1590 COACHMAKERS LANE	
CITY-ST-ZIP	CLEARWATER FL 34620	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Signature and typed or printed name of signing officer or director: Susan Gehring - President

Date: 1/22/96 Daytime Phone #: 813-732-1892

CR2E037 (12/95)