

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 745188 (3)

1. Corporation Name

CREALDE ARTS, INC.



Principal Place of Business

Mailing Address

600 ST. ANDREWS BLVD.
WINTER PARK FL 32792

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WINTER PARK FL 32792

3. Date Incorporated or Qualified

12/11/1978

4. FEI Number

59-1887887

Applied For

Not Applicable

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

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. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHREYER, PETER
600 ST ANDREWS BLVD
WINTER PARK FL 32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME CURRY, SALLY
STREET ADDRESS 1886 ARLINGTON COURT
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Michael J. Dougherty
1.3 STREET ADDRESS 255 Vista Oak Drive
1.4 CITY-ST-ZIP Longwood, FL 32719

TITLE SD ☒ DELETE
NAME SINGHOFEN, PETER
STREET ADDRESS 3308 FISHERMAN'S COVE
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Sally Curry
2.3 STREET ADDRESS 1886 Arlington Court
2.4 CITY-ST-ZIP Longwood, FL 32719

TITLE PD ☐ DELETE
NAME SCHORNAGLE, III, FRANK
STREET ADDRESS 10706 SPRINGBUCK TRAIL
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Gordon Blitch
4.3 STREET ADDRESS 1230 Nottingham Street
4.4 CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

[Handwritten Signature]

1-12/98 1107-171-1881

CR2E037 (10/97)