2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT #752196** 04-16-2004 90060 023 ****61.25 1. Entity Name THE ARTS COUNCIL, INC. Principal Place of Business Mailing Address りまりひひょう 80 E. OCEAN BLVD. 80 E. OCEAN BLVD. STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2015691 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS, DEBORAH **401 E OSCEOLA STREET** Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34994 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Make check payable to Trust Fund Contribution. \Box Due by May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SED C/D. TITLE ☐ Delete TITLE **№** Addition TURRELL, NANCY K Graig Price NAME NAME 80 E OCEAN BLVD akes Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIBSON, JULIE NAME NAME STREET ADDRESS 134 S. RIVER RD STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-7IP n Delete TITLE TITLE ☐ Change _ 🔲 Addition CLINE, ROSALEÑ NAME NAME STREET ADDRESS 2818 SE DUNE DRIVE STREET ADDRESS STUART, FL 34996 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition PEMBROKE, KARIN NAME NAME STREET ADDRESS 777 S. FLAGLER DR., STE 1010W STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE CD ✓ Delete TITLE ☐ Change ☐ Addition DIGBY, TIM NAME 555 NE OCEAN BLYD PORKWOOD Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED