

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759582 (0)**

1. Corporation Name  
**ARTS ON THE PARK, INC.**



Principal Place of Business <b>115 N KENTUCKY AVE. LAKELAND FL 33801</b>	Mailing Address <b>115 N KENTUCKY AVE. LAKELAND FL 33801-5044</b>
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3. Date Incorporated or Qualified <b>08/12/1981</b>		3a. Date of Last Report <b>06/03/1996</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2005115</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	Country	28. Zip	Country
24. Zip	25. Country	29. Zip	30. Country

**9. Name and Address of Current Registered Agent**

**KERSEY, CHARLES**  
**824 OSCEOLA ST**  
**LAKELAND FL 33801**

**10. Name and Address of New Registered Agent**

81 Name **Lo Alexander**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1711 W. Bellgrove St.**

83 **Lakeland,**

84 City

85 Zip Code **FL 33805**

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 *Lo Alexander Jr* DATE **April 15, 97**

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEVANE, ROSY	
STREET ADDRESS	503 E BEACON RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PINSON, PENELOPE	
STREET ADDRESS	824 PARK HILL AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, LO	
STREET ADDRESS	1711 W. BELLGROVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JARRETT, K.C.	
STREET ADDRESS	1536 HOLLY RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, GREGORY	
STREET ADDRESS	524 CAREY PLACE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	N/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Marilyn Charlotte	
1.3 STREET ADDRESS	7 Loma Linda	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Erika Lawlor Schmidt	
2.3 STREET ADDRESS	307 Pueblo Trail	
2.4 CITY-ST-ZIP	Lakeland, FL 33803	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Lytch	
3.3 STREET ADDRESS	3742 Dovehollow Drive	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary Schmidt	
4.3 STREET ADDRESS	307 Pueblo Trail	
4.4 CITY-ST-ZIP	Lakeland, FL 33803	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lo Alexander	
5.3 STREET ADDRESS	1711 W. Bellgrove St	
5.4 CITY-ST-ZIP	Lakeland, FL 33805	
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 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: *Lo Alexander* Director DATE: **April 15, 1997** (941) 680-2787

CR2E037 (9/96)