

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 # 770161 (8)
1. Corporation Name
CULTURAL ARTS COALITION, INC.



Principal Place of Business: 321 N W 10TH ST, P.O. BOX 198, GAINESVILLE FL 32601 US
Mailing Address: 1204 N.W. 8TH AVE. (GAINESVILLE, FL 32602), P.O. BOX 198, GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 09/06/1983
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2955251
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 PO Box 198
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Gainesville, FL
24. Zip: 25 32602 Country: 30 US

9. Name and Address of Current Registered Agent: NKWANDA JAH, 1112 N E 2ND ST, GAINESVILLE FL 32601
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	HILL, ALAN 1810 NW 23 BLVD #113 GAINESVILLE FL	1.1 TITLE: D	Green, Anthony 8900 NW 39 Ave Gainesville, FL 32606
NAME: HILL, ALAN		1.2 NAME: Green, Anthony	
STREET ADDRESS: 1810 NW 23 BLVD #113		1.3 STREET ADDRESS: 8900 NW 39 Ave	
CITY-ST-ZIP: GAINESVILLE FL		1.4 CITY-ST-ZIP: Gainesville, FL 32606	
TITLE: D	CLARK, EVETT 2075 NE 7TH TERRACE GAINESVILLE FL	2.1 TITLE:	
NAME: CLARK, EVETT		2.2 NAME:	
STREET ADDRESS: 2075 NE 7TH TERRACE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		2.4 CITY-ST-ZIP:	
TITLE: VD	AUXTER, TOM 1831 NW 12TH ROAD. GAINESVILLE FL	3.1 TITLE:	
NAME: AUXTER, TOM		3.2 NAME:	
STREET ADDRESS: 1831 NW 12TH ROAD.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		3.4 CITY-ST-ZIP:	
TITLE: D	HARRIS, OSCAR 526 BROADWALK ARCHER FL	4.1 TITLE:	
NAME: HARRIS, OSCAR		4.2 NAME:	
STREET ADDRESS: 526 BROADWALK		4.3 STREET ADDRESS:	
CITY-ST-ZIP: ARCHER FL		4.4 CITY-ST-ZIP:	
TITLE: D	HARRIS, CLARA 1900 SE 4TH ST. APT 1 GAINESVILLE FL	5.1 TITLE:	
NAME: HARRIS, CLARA		5.2 NAME:	
STREET ADDRESS: 1900 SE 4TH ST. APT 1		5.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		5.4 CITY-ST-ZIP:	
TITLE: D	HARRIS, LEROY 1900 SE 4TH ST APT 1 GAINESVILLE FL	6.1 TITLE:	
NAME: HARRIS, LEROY		6.2 NAME:	
STREET ADDRESS: 1900 SE 4TH ST APT 1		6.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		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: Alan C. Hill Alan C. Hill Treasurer 3/18/96 352/372-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)