

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

Mailing Address

321 N W 10TH ST
P.O. BOX 198
GAINESVILLE FL 32601
US

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 198**

23 City & State

27 Suite, Apt. #, etc.
28 **Gainesville, FL**

24 Zip

25 Country

29 Zip

30 Country

24

25

29

30

32602

US

4. FEI Number
59-2955251

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

NKWANDA JAH
1112 N E 2ND ST
GAINESVILLE FL 32601

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

TITLE ☐ DELETE
NAME **TD HILL, ALAN**
STREET ADDRESS **1810 NW 23 BLVD #113**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **D CLARK, EVETT**
STREET ADDRESS **2075 NE 7TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **VD AUXTER, TOM**
STREET ADDRESS **1831 NW 12TH ROAD.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE
NAME **D HARRIS, OSCAR**
STREET ADDRESS **526 BROADWALK**
CITY-ST-ZIP **ARCHER FL**

TITLE ☐ DELETE
NAME **D HARRIS, CLARA**
STREET ADDRESS **1900 SE 4TH ST. APT 1**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE
NAME **D HARRIS, LEROY**
STREET ADDRESS **1900 SE 4TH ST APT 1**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Green, Anthony**
1.3 STREET ADDRESS **8900 NW 39 Ave**
1.4 CITY-ST-ZIP **Gainesville, FL 32606**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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:

Alan C. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan C. Hill Treasurer

3/18/96 352/372-0511
Date Daytime Phone #

CR2E037 (12/95)