

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 198 GAINESVILLE FL 32602-0198 US
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3. Date Incorporated or Qualified 09/06/1983	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2955251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input type="checkbox"/> DELETE
NAME	HILL, ALAN
STREET ADDRESS	1810 NW 23 BLVD #113
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, EVETT
STREET ADDRESS	2075 NE 7TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	AUXTER, TOM
STREET ADDRESS	1831 NW 12TH ROAD.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, ANTHONY
STREET ADDRESS	8900 NW 39 AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, CLARA
STREET ADDRESS	1900 SE 4TH ST. APT 1
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PO Mickle, Andrew
1.3 STREET ADDRESS	1635 SE 14 Ave
1.4 CITY-ST-ZIP	Gainesville, FL 32601
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Alan C Hill (Alan Hill) 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010652

CR2E037 (9/96)