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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 77

770161

(8)

CULTURAL ARTS COALITION, INC.

FILED
May 14 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address	COLIGNAL ARTS COALITION, INC.								
## CONNESSULE FL 28001 US ## CONNESSULE FL 28001 US ## CONNESSULE FL 28002 US ## CONNESSULE FL 28001 ## CONNESSULE FL 2800	Principal Place of Business		Mailing Address	Mailing Address		-{	8 0 \$ 0 DIDI D 8 DI	U((U)) (U)	
2. Principal Place of Business 24. Melting Address 5. Certificate of Status Desired 58.75 Additional 52. Melting Address 5. Certificate of Status Desired 58.75 Additional 52. Melting Address 5. Certificate of Status Desired 58.75 Additional 52. Melting Address 5. Certificate of Status Desired 58.75 Additional 52. Melting Address 5. Certificate of Status Desired 58.75 Melting 5. Melting Address 5. Certificate of Status Desired 58.75 Melting 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate of Status Desired Comparison Present 5. Melting Address 5. Certificate 5. Certificate 5	P.O. BOX 198 GAINESVILLE FL 32602 GANESVILLE FL 32601 US					09/06/1983		oplied For	
Subject Apt # etc.	**	_				59-2955251	No	t Applicable	
Sulfa. Apt 4, etc. Solita Part Sulfa Part Sulfa Part Part	·			_		5. Certificate of Status Desired			
City & State Country 2a 2a	Suite, Apt. #, etc.		 			, -			
28	City & State								
Zip Country Zip Country Zip Country 8. This corporation covers has past the current year Intendible Personal Property Tax due June 30.	23	, 	28						
NKWANDA JAH 1112 N E 2MD ST GAINESVILLE FL 32601 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, and the finite with, and accept the collegation of, Section 617.0505, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the collegation of, Section 617.0505, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida, Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. In the Florida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. NATION 3. STATE ADDIRECTORS 14. NADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12. STATE ADDIRECTORS 14. STATE ADDIRECTORS 15. NAD	Zip			¬ ′					
NNWANDA JAH 1112 N E 2ND ST QANIESVILE FL 32601 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, are registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, are registered agent a	24			0					
NKWANDA JAH 1112 N E 2ND ST GAMESVILLE FL 32601 B2 Street Address (P.O. Box Number is Not Acceptable)									
### City FL 85 Zip Code	A # 6	N. 1411			valle				
SAMESVILLE FL 32601 S4 City				82 3	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
Section Sect									
1. 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 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, 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, 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, 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, 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, or both in the provision's board of directors. I hereby accept the appointment as registered agent, or both in the provision's board of directors. I hereby accept the obligations of changing its registered agent. I hereby accept the obligations of changes agent. I hereby accept the obligations of changing its registered agent. I hereby accept the obligations of changing its registered agent. I hereby accept the obligations of changing its registered agent. I hereby accept the obligations of changing its registered agent. I hereby accept the obligations of changes agent. I hereby accept the obligations of changes agent. I hereby accept the obligations of changing its registered agent. 12	GAUNESY	TILLE FL 32001							
1. Pursuant to fib provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE				84 (City		FL 85 Zip C	Code	
Signature Sign	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								
Signature, typed or printed rame of registered Appet and the It implectable (NOTE: Registered Appet agry turn required when reinstating)									
TITLE TD	SIGNATURE _	Signature, typnid or printed name of registered	agont and title if applicable (NOTE: F	legistered Agent 8	ignature require				
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GAINESVILLE FL 5.4 CITY-ST-ZIP Gainesville, FL 32603 TITLE	NAME	HARRIS, CLARA		5.2 NAME	You	ung, Lynn			
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1 1410 MB ZEMO AVC	NAME			6.2 NAME	H1	11, Alan			
CITY-ST-ZIP Gainesville, FL 32609	1 ' 1		į		1 4				
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Indicated on this annual report or suppliemental 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.

OLONIATURE.

Alan C. Hill

15/00 CEC 21 822-25

CR2E037 (10)