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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770161

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
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2955251	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLE, ANDREW	1.2 NAME	
STREET ADDRESS	1635 SE 14TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, Y	2.2 NAME	
STREET ADDRESS	4133 NW 7TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUXTER, TOM	3.2 NAME	
STREET ADDRESS	928 NW 21ST TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ANTHONY	4.2 NAME	D Greene, Anthony
STREET ADDRESS	8900 NW 39 AVENUE	4.3 STREET ADDRESS	8900 NW 39 Ave
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, L	5.2 NAME	
STREET ADDRESS	3730 NW 55TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, A	6.2 NAME	TD HILL, ALAN
STREET ADDRESS	1410 NE 22ND AVE	6.3 STREET ADDRESS	2215 NW 21 Ave
CITY-ST-ZIP	GAINESVILLE FL 32609	6.4 CITY-ST-ZIP	Gainesville, FL 32605

14. I 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, with all other like empowered.

SIGNATURE: Alan Hill, Treasurer 4/25/99 352/372-0519
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)