

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 770161



1. Entity 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**



04282004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2955251

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NKWANDA JAH
1112 N E 2ND ST
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000152403
05/04/04-80085-011 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CLARK, YVETTE
4433 NW 7 STREET
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICKLE, ANDREW
1635 SE 14TH AVENUE
GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AUXTER, TOM
928 NW 21ST TERR
GAINESVILLE, FL 32603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREEN, ANTHONY
8900 NW 39 AVENUE
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HILL, ALAN
2215 NW 21ST AVE
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony F Green **ANTHONY F GREEN**

4/30/04 (352)392-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #