


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)

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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: _____ (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

000000152403
 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	

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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 #