


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 770161 1. Entity Name CULTURAL ARTS COALITION, INC.	
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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
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04052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2955251	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENE, ANTHONY
STREET ADDRESS	POB 357220
CITY-ST-ZIP	GAINESVILLE, FL 32635

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

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

TITLE	D
NAME	MILES, JACKIE
STREET ADDRESS	3601 NW 18 TERR
CITY-ST-ZIP	GAINESVILLE, FL 32605

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

TITLE	D
NAME	NUNN, PATRICIA
STREET ADDRESS	POB 117045
CITY-ST-ZIP	GAINESVILLE, FL 32635

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04/18/07-80017-014 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #