


**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.



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

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2955251	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
NKWANDA JAH  
1112 N E 2ND ST  
GAINESVILLE, FL 32601

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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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, ANTHONY POB 357220 GAINESVILLE, FL 32635
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 MILES, JACKIE 3601 NW 18 TERR GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, ALAN 2215 NW 21ST AVE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN, PATRICIA POB 117045 GAINESVILLE, FL 32635

U000000696891  
04/18/07-80017-014 70.00

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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 # \_\_\_\_\_