


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
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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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

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

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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, 2008**

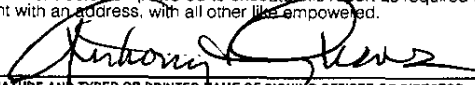
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000913775
 US 4/18/08 00029 018 70.00

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

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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

4/18/08 (352) 392-1171
Date Daytime Phone #