

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770161

FILED
Mar 31, 2009
Secretary of State

Entity Name: CULTURAL ARTS COALITION, INC.

Current Principal Place of Business:

321 N W 10TH ST
P.O. BOX 198
GAINESVILLE, FL 32601 US

New Principal Place of Business:

321 N W 10TH ST
GAINESVILLE, FL 32601 US

Current Mailing Address:

P.O. BOX 198
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-2955251 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREENE, ANTHONY
Address: POB 357220
City-St-Zip: GAINESVILLE, FL 32635

Title: D () Delete
Name: MICKLE, ANDREW
Address: 1635 SE 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: VD () Delete
Name: AUXTER, TOM
Address: 928 NW 21ST TERR
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: MILES, JACKIE
Address: 3601 NW 18 TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: HILL, ALAN
Address: 2215 NW 21ST AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: NUNN, PATRICIA
Address: POB 117045
City-St-Zip: GAINESVILLE, FL 32635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HILL

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date