FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11849** **(9)**

1. Corporation Name

HOBE SOUND FINE ARTS LEAGUE, INC.

Principal Place of Business	Mailing Address
8937 S.E. BRIDGE RD. HOBE SOUND FL 33455	P.O. BOX 993 HOBE SOUND FL 33475 US

3. Date Incorporated or Qualified: 11/01/1985

3a. Date of Last Report: 02/15/1995

2. Principal Place of Business
21 8937 SE Bridge Rd.
Suite, Apt. #, etc. 22
City & State 23 Hobe Sound
Zip 24 33475 Country 25 USA

2a. Mailing Address
26 P.O. Box 003
Suite, Apt. #, etc. 27
City & State 28 Florida
Zip 29 33475 Country 30 USA

4. FEI Number: 59-2391631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILSON, CYNTHIA
7829 S.E. CACTUS AVE.
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, CYNTHIA		1.2 NAME		
STREET ADDRESS	7829 S.E. CACTUS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MODUGNO, ANN		2.2 NAME		
STREET ADDRESS	12690 SE BERWICK CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, ELEANOR		3.2 NAME		
STREET ADDRESS	7322 SE CONCORD PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, LOUISE		4.2 NAME		
STREET ADDRESS	13185 SE CYPRESS POINT LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna D. Modugno Mar. 11, 1996 546-4165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #