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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:07

DOCUMENT # N17967 (3)

1. Corporation Name
VERY SPECIAL ARTS/FLORIDA, INC.

Principal Place of Business	Mailing Address
123 N. CAROTHERS BLVD DEPT. ART ED. F.S.U. TALLAHASSEE FL 32306	123 N. CAROTHERS BLVD DEPT. ART ED. F.S.U. TALLAHASSEE FL 32306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1986
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2758321 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DILGER, SANDRA D., PH.
3672 BARBARY DRIVE
TALLAHASSEE FL 32308

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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	☐ Change ☐ Addition
NAME	PELTON, MARGARET	12 NAME	
STREET ADDRESS	300 NE 2ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DONOHUE, KAREN LEE	22 NAME	
STREET ADDRESS	8206 NW 73RD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DILGER, SANDRA	32 NAME	
STREET ADDRESS	3672 BARBARY DR.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	WOOLEY-BROWN, CATHY	42 NAME	
STREET ADDRESS	1076 N. BROADWAY	43 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	WADE WETERINGTON	52 NAME	
STREET ADDRESS	P.O.BOX 2177	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WADE, SALLY	62 NAME	
STREET ADDRESS	3500 E FLETCHER AVE,#225	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	

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)(i), 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: Sandra Dilger 6/19/95 904-487-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037848