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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 6405 Fitz LANE TALLAHASSEE FL 32311	~~123 N. CAROTHERS BLVD~~ PO BOX 10453 DEPT. ART ED. F.S.U. TALLAHASSEE FL 32306 TALLAHASSEE, FL 32302

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/25/1986	3a. Date of Last Report: 04/17/1996
21	26	4. FEI Number: 59-2758321	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DILGER, SANDRA D., PH. 3672 BARBARY DRIVE TALLAHASSEE FL 32308	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 300002258679--6 -08/06797--01092--002 *****61.25 84 City FL

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	PELTON, MARGARET		1.2 NAME		
STREET ADDRESS	300 NE 2ND AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	2.1 TITLE	P	☐ Change ☐ Addition
NAME	DONOHUE, KAREN LEE		2.2 NAME		
STREET ADDRESS	8206 NW 73RD AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DILGER, SANDRA		3.2 NAME		
STREET ADDRESS	3672 BARBARY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	~~VP~~ P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOOLEY-BROWN, CATHY		4.2 NAME		
STREET ADDRESS	~~1070 N. BROADWAY~~ ~~PO BOX~~ School Bd. 109 FLORAL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP	BARTOW	
TITLE	S	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WADE WETERINGTON		5.2 NAME		
STREET ADDRESS	P.O.BOX 2177		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33601		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WADE, SALLY		6.2 NAME		
STREET ADDRESS	3500 E FLETCHER AVE,#225		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

A. Allen 8/5/97

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.

_____ _____