

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # N18265 (1)**  
 1. Corporation Name  
**FLORIDA ASSOCIATION OF LOCAL ARTS AGENCIES, INC.**



Principal Place of Business Mailing Address  
 2725 ST JOHNS STREET 2725 ST JOHNS STREET  
 C/2 C/2  
 MELBOURNE FL 32940 MELBOURNE FL 32940  
 US US

3. Date Incorporated or Qualified **12/15/1986** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business *Jamieson* 2a. Mailing Address *Jamieson*  
 21 **2725 Judge Fran Jamieson Way** 26 **2725 Judge Fran Jamieson Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Bldg C, 2nd Floor** 27 **Bldg C, 2nd Floor**  
 City & State City & State  
 23 **Viera, FL** 28 **Viera, FL**  
 Zip Country Zip Country  
 24 **32940** 25 **US** 29 **32940** 30 **US**

4. FEI Number **53-2952677** 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  
**SPRING, MICHAEL**  
**111 NW FIRST ST 625**  
**MIAMI FL 33128**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WITT, ANDY</b>	
STREET ADDRESS	<b>P.O. BOX 731</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASWELL, PATRICIA</b>	
STREET ADDRESS	<b>1351 FRUITVILLE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM, PAYNE</b>	
STREET ADDRESS	<b>8 HARRISON ST</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURK, KAY E.</b>	
STREET ADDRESS	<b>2725 ST. JOHNS ST C/2</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POWERS-JONES JUDITH</b>	
STREET ADDRESS	<b>400 PIERCE BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHAW MARY</b>	
STREET ADDRESS	<b>80 OCEAN BLVD</b>	
CITY-ST-ZIP	<b>STUART FL 34299-4</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>P/D Shaw Mary 80 Ocean Blvd Stuart, FL 34299</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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: *Kay E. Burk* **REQUIRED** 06-14-96 (407) 690-6817  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)