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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 JUDGE FRAN JAMEISON WAY BLDG. C. 2ND FLOOR VIERA FL 32940 US
2725 JUDGE FRAN JAMIESON WAY BLDG. C. 2ND FLOOR VIERA FL 32940-6805 US

3. Date Incorporated or Qualified 12/15/1986
3a. Date of Last Report 06/20/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	53-2952677	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPRING, MICHAEL 111 NW FIRST ST 625 MIAMI FL 33128				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *Patricia Caswell - Executive President* DATE 1-24-97

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	D WITT, ANDY P.O. BOX 731 PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Vice President Becky Many 100 S. Andrews Ave Ft. Lauderdale, FL 33301
NAME	SD CASWELL, PATRICIA 1351 FRUITVILLE RD SARASOTA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President Caswell Patricia 1351 Fruitville Rd Sarasota, FL 34236
STREET ADDRESS	T WILLIAM, PAYNE 8 HARRISON ST PANAMA CITY FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer Keable, Arthur 725 E. Kennedy St Tampa, FL 33602
CITY - ST - ZIP	MD BURK, KAY E. 2725 ST. JOHNS ST C/2 MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary Coudon, Donna 183 W. Indiana Ave Ocala, FL 32720
TITLE	PD SHAW, MARY 80 OCEAN BLVD. STUART FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Director Burk, Kay E. 2725 Judge Fran Jamieson Way Viera, FL
NAME		<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
			6.4 CITY - ST - ZIP

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.

SIGNATURE: *Patricia Caswell - Executive President* Date: Jan 24, 1997 Daytime Phone # 365 5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)