NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18265

1. Corporation Name

FLORIDA ASSOCIATION OF LOCAL ARTS AGENCIES, INC.

Principal Place of Business					
8725 JUDGE FRAN JAMIESON WAY					
MEDA EL 09040					

2. Principal Place of Business

Suite, Apt. #, etc.

21 5600 POINSETTEA

Mailing Address

2725 JUDGE FRAN JAMIESON WAY

-- VIERA-FL 02040-

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 03, 1999 8:00 am Secretary of State

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Applied For

3. Date incorporated or Qualifed

12/15/1986

4. FEI Number

22 14	10	27		53-2952677	Not Applicable		
City & Stat	& Palm Beach, FL	City & State Pol	m Boul Fl	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
24 334C	ソフロ25 しく	29 3340 2	30 US	Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Regist	ered Agent .		
81 Name SHERRON LONG							
SPRING: 1	MCHZEP			dress (P.O. Box Number is Not Acceptable)			
444 ARALE	1 1037-37-6 25		S(20)	n Phinsettia av	L #14(0		
AMARAI EL	MIAN FI 0040						
Interior 1 G					loc Zin Codo		
		1017 1500 Ft. id- Ot-64	84 City	Jest Palm Beuch	FL 85 Zip Code 33 407		
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 a	m familiar with, and accept the obligation	ns of, Section 617.0503, Flo	rida Statutes.	h./	70-90		
SIGNATURE	Shawn Jan	a shekk	CON HO	7-	20-17		
40	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature requ	olred when reinstating) DA' ADDITIONS/CHANGES TO OFFICER			
12.	VPD OFFICERS AND	DELETE		P D	Change Addition		
TITLE	BECHT, MARY			review Boyd.			
NAME				10840 madism Or	'رجد		
STREET ADDRESS	1		1.3 STREET ADDRESS	Burn tu Garah Gi	22447		
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	1.4 CITY-ST-ZIP	soften sand	Actoria (Daddition		
TITLE	DA CHUELL DATRICIA	C DECENC	2.1 TILE	D many Krokel	1		
NAME	CASWELL, PATRICIA		2.2 NAME	Transman Control	ĩ		
STREET ADDRESS			2.3 STREET ADDRESS	2100 chank	3040		
CITY-ST-ZIP	SARASOTA FL	C act care	2.4 CITY-ST-ZIP	Key Villago PL	Change Addition		
TITLE	DT	☐ DELETE	3.1 TITLE	G	☐ Citalige ☐ Addition		
NAME	KEEBLE, ARTHUR		3.2 NAME				
STREET ADDRESS	1		3.3 STREET ADDRESS	•			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP				
TITLE	SD	DELETE	4.1 TITLE		Change Addition		
NAME	COWDEN, DONNA		4. 2 NAME.		•		
STREET ADDRESS	123 W INDIANA AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	·	☐ Change ☐ Addition		
NAME	BURKE, KAY E		5.2 NAME		•		
STREET ADDRESS		AY, C202	5.3 STREET ADDRESS				
CITY-ST-ZIP	VIERA FL 32940	·	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				

4. I 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, with all other like empowered.

SIGNATURE:

SHOWING LETTONIC QUIRSTATERED N LONG 4-28-99

SIGNATURE AND TYPED OR PRINTED IN ANY OF SIGNATURE OR DIRECTOR

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SIGNATURE AND TYPED OR PRINTED IN ANY OF SIGNATURE OR DIRECTOR

CRZEUS/ (11/30)