2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90273 011 ****61.25

DOCUMENT # N18265

1. Entity Name
FLORIDA ASSOCIATION OF LOCAL ARTS AGENCIES, INC.

Principal Place of Business	Mailing Address
5600 N. FLAGLER DR. #1410 WEST PALM BEACH, FL 33407	PO BOX 3486 WEST PALM BEACH, FL 33402 US

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
53-2952677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, SHERRON
5600 N. FLAGLER DR.
#1410
WEST PALM BEACH, FL 33407

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BECHT, MARY
STREET ADDRESS	100 S ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	CASWELL, PATRICIA
STREET ADDRESS	1351 FRUITVILLE RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	DT
NAME	KEEBLE, ARTHUR
STREET ADDRESS	725 E KENNEDY ST
CITY-ST-ZIP	TAMPA, FL
TITLE	COO
NAME	LONG, SHERRON
STREET ADDRESS	5600 N. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	BURKE, KAY E
STREET ADDRESS	2725 JUDGE FEAN JAMIESON WAY, C202
CITY-ST-ZIP	VIERA, FL 32940
TITLE	SD
NAME	HASKELL, MONICA
STREET ADDRESS	5100 COLLEGE RD
CITY-ST-ZIP	KEY WEST, FL 33040

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherron Long Chief Operating Officer 4-26-04 561.848.6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #