NONPROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:09

**DOCUMENT # N41277 (7)**

1. Corporation Name

**SOUTH FLORIDA CENTER FOR THE ARTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1 BOWEN DRIVE<br>KEY LARGO FL 33037 | P.O. BOX 1532<br>KEY LARGO FL 33037-1532 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 11/23/1994
4. FEI Number: 65-0230427 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | FILING FEE IS $61.25 |
| 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

JENSEN, ROBERT W. ESQUIRE
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

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 _____ 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 | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BALLARD, BROWNIE | 12 NAME | |
| STREET ADDRESS | 412 3 ST. | 13 STREET ADDRESS | |
| CITY ST ZIP | KEY LARGO FL 33037 | 14 CITY ST ZIP | |
| TITLE | DC | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MIDDLETON, BEVERLY | 22 NAME | |
| STREET ADDRESS | 233 BUTTONWOOD DR. | 23 STREET ADDRESS | |
| CITY ST ZIP | KEY LARGO FL 33037 | 24 CITY ST ZIP | |
| TITLE | DVC | 31 TITLE | D/V/C ☒ Change ☐ Addition |
| NAME | MIDORI, PAYTON | 32 NAME | Dr. John Deagle |
| STREET ADDRESS | 265 ST. THOMAS AVE. | 33 STREET ADDRESS | 90290 Overseas Hwy |
| CITY ST ZIP | KEY LARGO FL 33037 | 34 CITY ST ZIP | Tavernier, FL 33070 |
| TITLE | DST | 41 TITLE | ☐ Change ☐ Addition |
| NAME | LOUNSBURY, PAULA | 42 NAME | |
| STREET ADDRESS | 1123 GRAND ST. | 43 STREET ADDRESS | |
| CITY ST ZIP | KEY LARGO FL 33037 | 44 CITY ST ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | STEIN, HERMAN | 52 NAME | |
| STREET ADDRESS | 69 B PUMPKIN CAY RD., OCEAN REEF CLUB | 53 STREET ADDRESS | |
| CITY ST ZIP | N. KEY LARGO FL 33037 | 54 CITY ST ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | LLOYD, LINDA | 62 NAME | |
| STREET ADDRESS | 412 3 ST | 63 STREET ADDRESS | |
| CITY ST ZIP | KEY LARGO FL 33037 | 64 CITY ST ZIP | |

CR2E037 (3/95)

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)(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 Ellwyn B. Ballard ELLWYN B. BALLARD 7/7/95 305-453-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006430