FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N41277** **(7)**

1. Corporation Name

SOUTH FLORIDA CENTER FOR THE ARTS, INC.

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

3. Date Incorporated or Qualified: **12/13/1990**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **65-0230427** ☐ 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

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	☐ DELETE	1.1 TITLE	ELAINE LIEBERMAN	☐ Change ☑ Addition
NAME	BALLARD, BROWNIE, DIRECTOR		1.2 NAME	100 ANCHOR DR. ASSISTANT	
STREET ADDRESS	412 3 ST.		1.3 STREET ADDRESS	ORC TREASURER	
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	DC	☐ DELETE	2.1 TITLE	JACK JELSEMA, TREASURER	☐ Change ☑ Addition
NAME	MIDDLETON, BEVERLY, CHAIRMAN		2.2 NAME	19 JOLLY ROGER RD.	
STREET ADDRESS	233 BUTTONWOOD DR.		2.3 STREET ADDRESS	KEY LARGO FL 33037	
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	3.1 TITLE	EDITH BRICKER	☐ Change ☑ Addition
NAME	DEAGLE, JOHN ADVISORY		3.2 NAME	5 BAY HARBOR DR CO-DIRECTOR	
STREET ADDRESS	90290 OVERSEAS HWY		3.3 STREET ADDRESS	KEY LARGO FL 33037	
CITY-ST-ZIP	TAVERNIER FL		3.4 CITY-ST-ZIP		
TITLE	DST	☑ DELETE	4.1 TITLE	ARLENE REKER	☐ Change ☑ Addition
NAME	LOUNSBURY, PAULA		4.2 NAME	163 COURT LANE	
STREET ADDRESS	1123 GRAND ST.		4.3 STREET ADDRESS	TAVANIER, FLA. 33070 ADVISORY	
CITY-ST-ZIP	KEY LARGO FL 33037		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, HERMAN CO-CHAIRMAN		5.2 NAME	00000186957O	
STREET ADDRESS	69 B PUMPKIN CAY RD., OCEAN REEF CLUB		5.3 STREET ADDRESS	-06/20/96--01044--031	
CITY-ST-ZIP	N. KEY LARGO FL 33037		5.4 CITY-ST-ZIP	***61.25	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, LINDA, SECRETARY		6.2 NAME		
STREET ADDRESS	412 3 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: E.B. Ballard E.B. BALLARD 4/18/96 305-453-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #