

FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # N46027 (1)

1. Corporation Name  
ARTE Y GENTE/PEOPLE AND ART, INC.



Principal Place of Business: 227 S CALHOUN STREET TALLAHASSEE FL 32301  
Mailing Address: 227 S CALHOUN STREET TALLAHASSEE FL 32301-1805

3. Date Incorporated or Qualified: 11/14/1991  
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.  
4. FEI Number: 59-6972152  
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: AUSLEY, MARGARET B, 227 S CALHOUN STREET, TALLAHASSEE FL 32301  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, KATHERINE H	1.2 NAME	
STREET ADDRESS	4755 MARSH HAMMOCK DR E	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, VICTOR	2.2 NAME	
STREET ADDRESS	227 WESTMINSTER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGHAM, MARIA S	3.2 NAME	
STREET ADDRESS	1208 ERIE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELIZABETH TN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, GISELA	4.2 NAME	
STREET ADDRESS	1120 NW STATE #51	4.3 STREET ADDRESS	
CITY-ST-ZIP	PULLMAN WA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSLEY, MARGARET B.	5.2 NAME	
STREET ADDRESS	3396 DEER LANE DR	5.3 STREET ADDRESS	227 S Calhoun Street
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODIE, DEB	6.2 NAME	
STREET ADDRESS	P.O. BOX 892 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWLAND NC	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: \_\_\_\_\_ (Signature of Officer or Director) DATE: 1/3/97 DAYTIME PHONE: 904-425-5491

CR2E037 (9/96)