

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90208 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46027**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6972152
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSLEY, MARGARET B.	5.2 NAME	
STREET ADDRESS	227 S CALHOUN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
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 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: *Margaret B. Ausley* SIGNATURE REQUIRED *January 4, 1999* 850-425-5491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)