SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

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 JUN 28 AM 9:02

DOCUMENT # N50867 (3)

1. Corporation Name
FOURTH AVENUE CULTURAL ENRICHMENT, INC.

Principal Place of Business	Mailing Address
% ROBERT AUGUSTUS HARPER LAW FIRM, P.A. 300 W PARK AVE TALLAHASSEE FL 32301	% ROBERT AUGUSTUS HARPER LAW FIRM, P.A. 300 W PARK AVE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1992
3a. Date of Last Report: 12/06/1994
4. FEI Number: 59-3152491 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 15134	26 P.O. Box 15134
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tallahassee, Fl.	28 Tallahassee, Fl.
24 Zip 32317 / 25 Country Leon	29 Zip 32317 / 30 Country Leon

9. Name and Address of Current Registered Agent

HARPER, ROBERT AUGUSTUS JR
300 W PARK AVE
TALLAHASSEE FL 32302-2132

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	PD	☒ Change ☐ Addition
NAME	HARPER, JILL BETH	12 NAME	Kathleen Villacorta	
STREET ADDRESS	2215 TRESCOTT DR	13 STREET ADDRESS	501 East Tennessee Street	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, Florida 32302	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PAYNE, LAVERNE	22 NAME		
STREET ADDRESS	450 W. FOURTH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	BRADY, M JAYNE	32 NAME		
STREET ADDRESS	3897 STEWART WAY	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, SUSAN E	42 NAME		
STREET ADDRESS	2416 ATLAS RD	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 with an address.

SIGNATURE: Kathleen Villacorta June 6, 1995 224-8600
SIGNATURE OF CHAIRMAN, VICE CHAIRMAN, OFFICER OR DIRECTOR — Date — Daytime Phone #

0000068