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FILED  
May 28 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 700951 (7)  
1. Corporation Name

FLORIDA FEDERATION OF THE ARTS, INC.



Principal Place of Business

Mailing Address

% J. PENDLETON GAINES  
1405 DOLIVE DR.  
ORLANDO FL 32803

% J. PENDLETON GAINES  
1405 DOLIVE DR.  
ORLANDO FL 32803

3. Date Incorporated or Qualified

05/12/1960

4. FEI Number

59-1233311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAINES, J. PENDLETON  
1405 DOLIVE DR.  
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GRANT, JULIE  
STREET ADDRESS 957 PHELPS AVE N  
CITY-ST-ZIP WINTER PARK FL

TITLE V ☐ DELETE

NAME FELDER, IRVING  
STREET ADDRESS 180 S KNOWLES AVE  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME CUCUEL, BRUCE  
STREET ADDRESS 2418 SUMMERFIELD RD.  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME KOEVENIG, JAMES L. (DR.)  
STREET ADDRESS 845 KEYSTONE CIR.  
CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME HEINEMANN, PAUL  
STREET ADDRESS 208 PAMPAS GRASS CT.  
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, the officer 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]*

44-77-48

44-77-48-8515

CR2E037 (10/97)