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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **705295** **(4)**

1. Corporation Name

FRIENDS OF THE ARTS & SCIENCES, INC.

Principal Place of Business	Mailing Address
4433 RIVERWOOD AVE PO BOX 15766 SARASOTA FL 34277-1766 US	4433 RIVERWOOD AVE PO BOX 15766 SARASOTA FL 34277-1766 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1963
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1056669 ☐ 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 ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILLER, MARILYN
4765 WINSLOW BEACON
SARASOTA FL 34235

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 607.0502 and 607.1508, 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 607.0505, 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	D	☑ Change ☐ Addition
NAME	KNIGHT, FRANCES B	12 NAME		
STREET ADDRESS	1224 NORTH PORT DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	LEECH, JERRY A	22 NAME		
STREET ADDRESS	1507 OAK HAMMOCK RD	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	HOWARD, MARSHALL C	32 NAME	TSCHIRGI, JAMES D	
STREET ADDRESS	1518 PELICAN PT DR BA260	33 STREET ADDRESS	1357 S PORTAFINO DR - #303	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	41 TITLE	PD	☑ Change ☐ Addition
NAME	JOHNSON, NILS F	42 NAME		
STREET ADDRESS	3870 EASTON ST	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	OWEN, CALVIN P	52 NAME		
STREET ADDRESS	6559 WOODBRIAR DR	53 STREET ADDRESS	5430 EAGLES POINT CIRCLE - #303	
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	SARASOTA, FL 34231-9144	
TITLE	D	61 TITLE	TD	☑ Change ☐ Addition
NAME	SIKORSKI, HELEN	62 NAME	GODFREY, KATE	
STREET ADDRESS	4635 OCEAN BLVD	63 STREET ADDRESS	840 THE ESPLANADE - #307	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	VENICE, FL 34285	

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 if changed, or on an attachment with an address.

SIGNATURE: Kaye Godfrey KAYE GODFREY 21 Apr 95 924-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0084119