

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**4433 RIVERWOOD AVE  
PO BOX 15766  
SARASOTA FL 34277-1766  
US**

Mailing Address

**4433 RIVERWOOD AVE  
PO BOX 15766  
SARASOTA FL 34277-1766  
US**

3. Date Incorporated or Qualified  
**03/07/1963**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

**Connie Shannon**

82 Street Address (P.O. Box Number Is Not Acceptable)

**2362 A Pine Terrace**

83

84 City

**Sarasota FL**

85 Zip Code

**34231**

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 617.0504, Florida Statutes.

SIGNATURE

*Connie Shannon*

(NOTE: Registered Agent signature required when reinstating)

**4/22/96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **KNIGHT, FRANCES B**  
STREET ADDRESS **1224 NORTH PORT DRIVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE  
NAME **LEECH, JERRY A**  
STREET ADDRESS **1507 OAK HAMMOCK RD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE  
NAME **TSCHIRGI, JAMES D**  
STREET ADDRESS **1257 S PORTAFINO DR., #303**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE  
NAME **JOHNSON, NILS F**  
STREET ADDRESS **3870 EASTON ST**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE  
NAME **OWEN, CALVIN P**  
STREET ADDRESS **5430 EAGLES POINT CIRCLE, #203**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE  
NAME **GODFREY, KAYE**  
STREET ADDRESS **840 THE ESPLANADES, #207**  
CITY-ST-ZIP **VENICE FL**

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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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**

**19 APR 1996**

**924-5770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)