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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified **03/07/1963** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1056669		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, CONNIE
23624 PINE TERRACE
SARASOTA FL 34231**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	23624 Pine Terrace
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 *Connie Shannon* (NOTE: Registered Agent signature required when reinstating) DATE **5-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, FRANCES B	1.2 NAME	
STREET ADDRESS	1224 NORTH PORT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEECH, JERRY A	2.2 NAME	1st Vice President Ellen G. Hinman
STREET ADDRESS	1507 OAK HAMMOCK RD	2.3 STREET ADDRESS	P.O. Box 21359 (N/A)
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA FL 34276
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSCHIRGI, JAMES D	3.2 NAME	2nd Vice President Jayce A. Leech
STREET ADDRESS	1257 S PORTAFINO DR., #303	3.3 STREET ADDRESS	2362 Pine Terrace
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NILS F	4.2 NAME	President Margaret H. Mills
STREET ADDRESS	3870 EASTON ST	4.3 STREET ADDRESS	3726 Brevard Oaks Blvd
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, CALVIN P	5.2 NAME	Secretary John Hand
STREET ADDRESS	5430 EAGLES POINT CIRCLE, #203	5.3 STREET ADDRESS	7604 Lakeshore Dr.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Ellenton FL 34222
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, KAYE	6.2 NAME	TERRY BARRIS
STREET ADDRESS	840 THE ESPLANADES, #207	6.3 STREET ADDRESS	1325 S. Portafino Dr. #306
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	SARASOTA FL 34243

14. I do 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.

SIGNATURE *Terry Barris* **May 14, 1997**

CR2E037 (9/96)