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May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>4433 RIVERWOOD AVE PO BOX 15766 SARASOTA FL 34277-1766 US</b>	Mailing Address <b>4433 RIVERWOOD AVE PO BOX 15766 SARASOTA FL 34277-1766 US</b>
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3. Date Incorporated or Qualified

**03/07/1963**

4. FEI Number

**59-1056669**

Applied For

Not Applicable

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

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9. Name and Address of Current Registered Agent

**SHANNON, CONNIE  
2362A PINE TERRACE  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name **Ellen G. Hinman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5126 Willow Leaf Dr.**

83

84 City **Sarasota**

FL

85 Zip Code **34241**

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 **Ellen G. Hinman, President**

**Ellen G. Hinman**

**4/24/98**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, FRANCES B</b>	
STREET ADDRESS	<b>1224 NORTH PORT DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

TITLE	<b>1VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HINMAN, ELLEN G</b>	
STREET ADDRESS	<b>PO BOX 21359 NA</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34276</b>	

TITLE	<b>2VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEECH, JAYNE A</b>	
STREET ADDRESS	<b>2362 PINE TERACE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLS, MARGARET H</b>	
STREET ADDRESS	<b>3726 BENEVA OAKS BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAND, JOHN</b>	
STREET ADDRESS	<b>7604 LAKESHORE DR.</b>	
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNES, TERRY</b>	
STREET ADDRESS	<b>1325 S. PORTOFINI DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Barbara Argenti</b>	
1.3 STREET ADDRESS	<b>4840 Featherbed Ln.</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34232</b>	

2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John Norton</b>	
2.3 STREET ADDRESS	<b>2719 Forest Knoll Dr.</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34232</b>	

3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ann Milner</b>	
3.3 STREET ADDRESS	<b>1122 47th St.</b>	
3.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34234</b>	

4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Margaret Sanders</b>	
4.3 STREET ADDRESS	<b>4965 Kestral Parkway North</b>	
4.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34231</b>	

5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Barbara Jost</b>	
5.3 STREET ADDRESS	<b>1628 Clower Creek GR-228</b>	
5.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34231</b>	

6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Bill Conklin</b>	
6.3 STREET ADDRESS	<b>7922 University Ct.</b>	
6.4 CITY-ST-ZIP	<b>University Park, Fl 34201</b>	

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 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 **Ellen G. Hinman** (Ellen G. Hinman) **4/24/98** 011 024-5770

CR2E037 (10/97)