

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90093 038 \*\*\*\*61.25

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<b>DOCUMENT # 705824</b>					
1. Entity Name THE VISUAL ARTS CENTER OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 19 E 4TH STREET PANAMA CITY, FL 32401 US		Mailing Address 19 E 4TH STREET PANAMA CITY, FL 32401 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1634336	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DREYER, TINA 19 E 4TH STREET PANAMA CITY, FL 32401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>Tina Dreyer</i> Executive Director		2/3/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUGHLIN, MARK		NAME	MALLARY, AVIVA	
STREET ADDRESS	86 WINDRIDGE LANE		STREET ADDRESS	726 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUSHER, MARIE		NAME	TAYLOR, DON	
STREET ADDRESS	350 MERCEDES AVE		STREET ADDRESS	3416 W HWY 90	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVES, TODD		NAME	WEBBER, SUSAN	
STREET ADDRESS	704 AMY STREET		STREET ADDRESS	1166 BOCA LAGOON DRIVE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALOHAN, CHRIS		NAME		
STREET ADDRESS	1101 RHODE ISLAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYER, TINA		NAME		
STREET ADDRESS	19 E 4TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, BO		NAME		
STREET ADDRESS	131 ALLEN AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Tina Dreyer</i>		1/20/05		(850) 769-4451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	