

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 705824

FILED
Jan 09, 2003
Secretary of State

Entity Name: THE VISUAL ARTS CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

19 E 4TH STREET
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

19 E 4TH STREET
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-1634336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DREYER, TINA
19 E 4TH STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAUGHLIN, MARK
Address: 86 WINDRIDGE LANE
City-St-Zip: PANAMA CITY, FL 32408

Title: VD () Delete
Name: BRUSHER, MARIE
Address: 350 MERCEDES AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: NEEVES, TODD
Address: 19 E 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: SELLERS, BEN
Address: 19 E 4 ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: MD () Delete
Name: DREUER, TINA
Address: 19 E 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NEEVES, TODD
Address: 704 AMY STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change () Addition
Name: SELLERS, BEN
Address: 19 E 4TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: MD (X) Change () Addition
Name: DREYER, TINA
Address: 19 E 4TH STREET
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CAUGHLIN

PD

01/09/2003

Electronic Signature of Signing Officer or Director

Date