

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 039 ****70.00

DOCUMENT # 710431 1. Entity Name FLORIDA LEAGUE OF THE ARTS, INC.					
Principal Place of Business 2408 EDGEWATER DRIVE ATTN: DR. J. RICHARD WARREN NICEVILLE, FL 32578			Mailing Address 2408 EDGEWATER DRIVE ATTN: DR. J. RICHARD WARREN NICEVILLE, FL 32578		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05302006 Chg-NP CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-1967073	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARREN, J. RICHARD PH.D. 2408 EDGEWATER DRIVE NICEVILLE, FL 32578			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>J. RICHARD WARREN, Ph.D.</u> <u>J. Richard Warren</u> <u>5-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2006		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 <input checked="" type="checkbox"/> V NAME LINDEGREEN, CECILE K <input type="checkbox"/> Delete STREET ADDRESS 206 VICKI LEIGH RD. CITY-ST-ZIP FORT WALTON BEACH, FL 325471904			TITLE <input checked="" type="checkbox"/> PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> P NAME MCCOWN, STEVE <input type="checkbox"/> Delete STREET ADDRESS 18 SW MEMORIAL DRIVE CITY-ST-ZIP FORT WALTON BEACH, FL 32548			TITLE <input checked="" type="checkbox"/> PAST-PRESIDENT - D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> VPTF NAME BENNETT, ANNE <input type="checkbox"/> Delete STREET ADDRESS 167 WASHINGTON AVE CITY-ST-ZIP VALPARAISO, FL 32560			TITLE <input checked="" type="checkbox"/> VICE-PRES.-REGISTRAR - D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> T NAME POOLE, WESLEY <input type="checkbox"/> Delete STREET ADDRESS 540 GULF SHORE DR. CITY-ST-ZIP DESTIN, FL 32541			TITLE <input checked="" type="checkbox"/> WESLEY POOLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TREASURER, TRUSTEE - D, T STREET ADDRESS 619 SEAVIEW DRIVE CITY-ST-ZIP DESTIN, FL 32541		
TITLE <input type="checkbox"/> BED NAME DRAKE, CATHY H <input type="checkbox"/> Delete STREET ADDRESS 437 SPRINGWOOD WAY CITY-ST-ZIP NICEVILLE, FL 32578			TITLE <input checked="" type="checkbox"/> Char TASK FORCE = ELEM. EDU - D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> EO NAME WARREN, J. RICHARD PH.D. <input type="checkbox"/> Delete STREET ADDRESS 2408 EDGEWATER DR CITY-ST-ZIP NICEVILLE, FL 325782304			TITLE <input checked="" type="checkbox"/> EXECUTIVE OFFICER/EDITOR - D, T <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>J. Richard Warren</u> <u>J. RICHARD WARREN, Ph.D.</u> <u>5-27-06</u> <u>850-678-3000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					