## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT #710431

1. Entity Name FLORIDA LEAGUE OF THE ARTS, INC.

WARREN, J. RICHARD PH.D.

2408 EDGEWATER DR

NICEVILLE, FL 325782304

NAME

STREET ADDRESS

CITY-ST-ZIP



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				- AOOAOOO					
2. Principal Place of Business - No P.O. Box # 3. Ma			Mailing Address								
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			03302007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State		<del>" ,</del>		4. FEI Number 59-196				oplied For ot Applicable	
Žip Country Z		Zip	p Country			5. Certificate	of Status Desired	×	\$8.75 Add Fee Require		
6,-Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
WARREN, J. RICHARD PH.D.				Name	<u> </u>						
2408 EDGEWATER DRIVE NICEVILLE, FL 32578				Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City				F	Zip Cod	ie	
									<u> </u>		
	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 .											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
1											
	Filing Fee is \$61.25 Due by May 1, 2007	9.	Election Campa Trust Fund Con			\$5.00 May B Added to Fees	<del>o</del> ;		ck payable t artment of S		
10.	•		•		<u> </u>	Added to Fees	<del>o</del> ;	orida Dep	artment of S	tate	
	Due by May 1, 2007	RECTORS	Trust Fund Con	ntribution.	<u> </u>	Added to Fees	Flo	orida Dep	artment of S	tate	
10. TITLE	Due by May 1, 2007 OFFICERS AND DI	RECTORS	•	ntribution.	<u> </u>	Added to Fees	Flo	orida Dep	artment of S	tate	
TITLE	OFFICERS AND DI PD LINDEGREEN, CECILE K	RECTORS	Trust Fund Con	11.	<u> </u>	Added to Fees	Flo	orida Dep	artment of S	tate	
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TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD LINDEGREEN, CECILE K 206 VICKI LEIGH RD. FORT WALTON BEACH, FL 32	RECTORS E	Trust Fund Con	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees	Flo	orida Dep	artment of S DIRECTORS IN Change	tate  i 10  Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: J. R. I. CHAR.D. WARREN 3-30-07 3030

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

Deta

De

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90076 017 \*\*\*\*70.00