

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 023 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1967073

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARREN, J. RICHARD PH.D.
2408 EDGEWATER DRIVE
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. Richard Warren **7-31-08**

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDEGREEN, CECILE K	
STREET ADDRESS	206 VICKI LEIGH RD.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 325471904	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	MCCOWN, STEVE	
STREET ADDRESS	18 SW MEMORIAL DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	VPRD	<input checked="" type="checkbox"/> Delete
NAME	GILL, MELODY	
STREET ADDRESS	401 BRYN ATHYN BLVD	
CITY-ST-ZIP	MARY ESTHER, FL 325691748	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	POOLE, WESLEY	
STREET ADDRESS	619 SEAVIEW DR	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDEGREN, JOHN	
STREET ADDRESS	206 VICKI LIEGH ROAD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	EODT	<input type="checkbox"/> Delete
NAME	WARREN, J. RICHARD PH.D.	
STREET ADDRESS	2408 EDGEWATER DR	
CITY-ST-ZIP	NICEVILLE, FL 325782304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY POOLE	
STREET ADDRESS	619 SEAVIEW DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	IMMEDIATE PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECILE K. LINDEGREEN	
STREET ADDRESS	206 VICKI LANE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547-1904	
TITLE	TASK FORCE CHM-AFFILIATES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. THERESA McREE	
STREET ADDRESS	716 POWELL DRIVE UNIT 1	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	CHM, LOCAL LEAGUE, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY ROBINSON	
STREET ADDRESS	57 NOKOMO BLVD	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	CHM, TASK FORCE-DANCE, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREEN POPPELL	
STREET ADDRESS	4526 OLDE PLANTATION PLACE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		<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:

J. Richard Warren **J. RICHARD WARREN, PH.D.**

7-31-08

850-678-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #