

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90075 010 ****61.25

0000233

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715900

1. Corporation Name

THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.

Principal Place of Business

226 S. PALAFOX
 2ND FLOOR
 PENSACOLA FL 32501
 US

Mailing Address

P.O. BOX 731
 PENSACOLA FL 32594
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/15/1969

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7022185

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORREN, LONNIE D
 324 S ALCAUIZ
 PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

324 S-ALCAUIZ

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LORREN, LONNIE	
STREET ADDRESS	324 S. ALCAUIZ	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HOLIDAY BENSON, ANNA	
STREET ADDRESS	25 W CEDAR ST, STE 500	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COBLE, FRED H	
STREET ADDRESS	406 W LLOYD	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MARKEY, WENDY S	
STREET ADDRESS	13 W GARDEN	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WITT, ANDREW	
STREET ADDRESS	1407 LEMHURST DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	METZGER, ANDREW	
STREET ADDRESS	3547 FIRESTONE BLVD.	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COBLE, H. Fred	
1.3 STREET ADDRESS	406 W. Lloyd	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID BEAR, DAVID	
2.3 STREET ADDRESS	1850 WHALEY AVE	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRONBETTER, POHLY, S	
3.3 STREET ADDRESS	2 W. PALAFOX	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCKINNEY, REX	
4.3 STREET ADDRESS	4225 ROWMITH LANE	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew Witt*

Date

Daytime Phone #

2/25/99

850
 432-9906

CR2E037 (11/98)