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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729244 (4)

1. Corporation Name
FLORIDA WATERCOLOR SOCIETY, INC.

Principal Place of Business	Mailing Address
MAITLAND ART CENTER 231 WEST PACKWOOD AVE. MAITLAND, FL 32751-5553	MAITLAND ART CENTER 231 WEST PACKWOOD AVE. MAITLAND, FL 32751-5553

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 4-3-74
3a. Date of Last Report: 6-29-94
4. FEI Number: 23-7410596 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JAMES KOEVENIG (AS OF 1/20/94)
845 KEYSTONE CIRCLE
OVIEDO, FL 32765

10. Name and Address of New Registered Agent

81 Name: 500001435925 03/23/95 01022 005 *****61.25 *****61.25
82 Street Address (P.O. Box Number Unacceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/title/address changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LLOYD, SANDRA 120 BEACH ST. W. PONCE INLET, FL 32127-7219	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition P/D ARCHIBALD, JAMES 3055 GOODWATER ST. SARASOTA, FL 34231-7128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D ARCHIBALD, JAMES 3055 GOODWATER ST. SARASOTA, FL 34231-7128	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition V/D IKIN, TAYLOR 4513 LUMB AVE. TAMPA, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D IKIN, TAYLOR T.I. 3/24/95 4513 LUMB AVE. TAMPA, FL 33629	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition V/D MILLER, MAX 6902 STETSON ST. CIR. SARASOTA, FL 34243
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WEALE, MARY JO 1102 SARASOTA DR. TALLAHASSEE, FL 32301-5727	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition C/S/D BLAIS, LISA LLOYD 1137 FLORIDA AVE. DAYTONA BEACH, FL 32119-3905
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KELLY, MARGERY C. 1351 BAYSHORE DR. #208 FT. PIERCE, FL 34949-3013	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition T/D WYATT, MARY ANN RT. 3 BOX 567-F TALLAHASSEE, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/S/D BLAIS, LISA LLOYD 1137 FLORIDA AVE. DAYTONA BEACH, FL 32114-3905	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition S/D STAPLES, MARY ANNE 1930 E. GONZALEZ ST. PENSACOLA, FL 32501

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary A. Wyatt Treasurer — 3/18/95 — 904-893-0092
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
MARY A. WYATT, TREASURER