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NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729244 (4)

1. Corporation Name
FLORIDA WATERCOLOR SOCIETY, INC.

Principal Place of Business MAITLAND ART CENTER 231 WEST PACKWOOD AVE. MAITLAND, FL 32751-5553	Mailing Address MAITLAND ART CENTER 231 WEST PACKWOOD AVE MAITLAND, FL 32751-5553
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 4-3-74	3a. Date of Last Report 3-20-95
4. FEI Number 23-7410596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JAMES KOEVENIG 845 KEYSTONE CIRCLE OVIDO, FL 32765	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of officers and directors, and the name of the 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

01729796-01059-012
 *****70.00 *****70.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D ARCHIBALD, JAMES	<input type="checkbox"/> DELETE	1.1 TITLE	P/D IKIN, TAYLOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3055 GOODWATER ST		1.2 NAME	4513 LUMB AVE.			
STREET ADDRESS	SARASOTA, FL 34231-7128		1.3 STREET ADDRESS	TAMPA, FL 33629			
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE	V/D IKIN, TAYLOR	<input type="checkbox"/> DELETE	2.1 TITLE	V/D WEAVER, PAT	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4513 LUMB AVE		2.2 NAME	36802 SUWANNEE WAY			
STREET ADDRESS	TAMPA, FL 33629		2.3 STREET ADDRESS	DADE CITY, FL 33525			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	V/P MULLER, MAX	<input type="checkbox"/> DELETE	3.1 TITLE	V/P SLICK, ANTOINETTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	6902 STETSON ST. CIR		3.2 NAME	322 JOHN ANDERSON			
STREET ADDRESS	SARASOTA, FL 34243		3.3 STREET ADDRESS	ORLAND BEACH, FL 32176			
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE	T/D WYATT, MARY A	<input type="checkbox"/> DELETE	4.1 TITLE	T/D WYATT, MARY A	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RT 3 BOX 567-F		4.2 NAME	RT 3 BOX 567-F			
STREET ADDRESS	TALLAHASSEE, FL 32308		4.3 STREET ADDRESS	TALLAHASSEE, FL 32308			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	P/SEC/P	<input type="checkbox"/> DELETE	5.1 TITLE	P/SEC/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAPLES, MARY ANNE		5.2 NAME	STAPLES, MARY ANNE			
STREET ADDRESS	GONZALES ST.		5.3 STREET ADDRESS	GONZALES ST			
CITY-ST-ZIP	PENSACOLA, FL 32501		5.4 CITY-ST-ZIP	PENSACOLA, FL 32501			
TITLE	C/SEC/D	<input type="checkbox"/> DELETE	6.1 TITLE	C/SEC/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLAIS, LISA LLOYD		6.2 NAME	OLAIS, LISA LLOYD			
STREET ADDRESS	355 SPRING FOREST DR.		6.3 STREET ADDRESS	355 SPRING FOREST DR			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			

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)(k), 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 1-23-96 893-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)