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Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 AVENUE
MAITLAND FL 32751-5553MAITLAND ART CENTER
231 WEST PACKWOOD AVENUE
MAITLAND FL 32751-5553

3. Date Incorporated or Qualified

04/03/1974

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7410596

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES KOEVENIG
845 KEYSTONE CIRCLE
OVIEDO FL 32765

81 Name

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

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 fee 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
NAME IKIN, TAYLOR
STREET ADDRESS 4513 LUMB AVE.
CITY-ST-ZIP TAMPA FL 336291.1 TITLE P/D
1.2 NAME WEAVER, PAT
1.3 STREET ADDRESS P.O. BOX 1246
1.4 CITY-ST-ZIP DADE CITY, FL 33526-1246TITLE VD
NAME WEAVER, PAT
STREET ADDRESS 36802 SUWANNEE WAY
CITY-ST-ZIP DADE CITY FL 335252.1 TITLE V/D
2.2 NAME SLICK, ANTOINETTE
2.3 STREET ADDRESS 322 JOHN ANDERSON
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32176TITLE VD
NAME SLICK, ANTOINETTE
STREET ADDRESS 322 JOHN ANDERSON
CITY-ST-ZIP ORMOND BEACH FL 321763.1 TITLE V/D
3.2 NAME WELCH, BETTY
3.3 STREET ADDRESS 4369 NEWBURY DR.
3.4 CITY-ST-ZIP NEW PORT RCHY, FL 39652-5324TITLE CSD
NAME BLAIS, LISA L
STREET ADDRESS 1137 FLORIDA AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32119-39054.1 TITLE CSD
4.2 NAME BLAIS, LISA L.
4.3 STREET ADDRESS 1137 FLORIDA AVE.
4.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119-3905TITLE TD
NAME WYATT, MARY ANN
STREET ADDRESS RT. 3 BOX 567-F
CITY-ST-ZIP TALLAHASSEE FL 323085.1 TITLE TD
5.2 NAME WYATT, MARY ANN
5.3 STREET ADDRESS RT. 3 BOX 567-F
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32308TITLE PSD
NAME STAPLES, MARY ANN
STREET ADDRESS 1930 E. GONZALEZ ST.
CITY-ST-ZIP PENSACOLA FL 325016.1 TITLE PSD
6.2 NAME STAPLES, MARY ANN
6.3 STREET ADDRESS 1930 E. GONZALEZ ST.
6.4 CITY-ST-ZIP PENSACOLA, FL 32501

14. I do 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.

SIGNATURE:

Mary A. Wyatt, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-97

Date

Daytime Phone # 0014154

CR2E037 (9/96)