

FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729244

1. Corporation Name

FLORIDA WATERCOLOR SOCIETY, INC.

Principal Place of Business

MAITLAND ART CENTER
231 WEST PACKWOOD AVENUE
MAITLAND FL 32751-5553

Mailing Address

DREWRY, ANNE
905 PINE HOLLOW PL
BRANDON FL 33510
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/03/1974
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7410596
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

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 **ANNE DREWRY**
 82 Street Address (P.O. Box Number is Not Acceptable)
905 PINE HOLLOW PLACE
 83
 84 City **BRANDON** FL 85 Zip Code **33510**

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 **ANNE S. DREWRY, TREASURER** *Anne S. Drewry* 1/6/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLICK, ANTOINETTE	1.2 NAME	SWETLAND, JOAN
STREET ADDRESS	322 JOHN ANDERSON DR	1.3 STREET ADDRESS	18104 HAVENWOODS RD
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34610
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st V.P. VD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWETLAND, JOAN	2.2 NAME	MILLS, MARGARET
STREET ADDRESS	18104 HAVENWOODS RD	2.3 STREET ADDRESS	3726 BENEVA OAKS BLVD
CITY-ST-ZIP	BROOKSVILLE-FL 34610	2.4 CITY-ST-ZIP	SARASOTA FL 34328
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd V.P. VD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, MARGARET	3.2 NAME	SUMMERS, JERRY
STREET ADDRESS	3726 BENEVA OAKS BLVD	3.3 STREET ADDRESS	149 EXECUTIVE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34328	3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	CSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOZNAK, DANIEL	4.2 NAME	
STREET ADDRESS	172 DEER LAKE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWRY, ANNE S	5.2 NAME	
STREET ADDRESS	905 PINE HOLLOW PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	5.4 CITY-ST-ZIP	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	REC. SEC. PSD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, MARY ANN	6.2 NAME	JANE CHEEK
STREET ADDRESS	1930, E. GONZALEZ ST.	6.3 STREET ADDRESS	2706 SABLEWOOD DR
CITY-ST-ZIP	PENSACOLA FL 32501	6.4 CITY-ST-ZIP	VALRICO FL 33594-5249

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

813-453-2364

CR2E037 (11/98)