

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731975

FILED
Mar 30, 2005
Secretary of State

Entity Name: ARTS COUNCIL OF GREATER PALATKA, INC.

Current Principal Place of Business:

216 REID STREET
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 936
PALATKA, FL 31278 US

New Mailing Address:

FEI Number: 51-0166377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKEN, DENISE
216 REID STREET
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CROWLEY, STEPHEN J
Address: 113 RIVER ROAD
City-St-Zip: SATSUMA, FL 32189 US

Title: V/D () Delete
Name: LONGWORTH, LYNN
Address: 111 W. ST. JOHNS TERRACE
City-St-Zip: EAST PALATKA, FL 32131 US

Title: S/D () Delete
Name: ANDERSON, ROSEMARY
Address: 145 MOUNT ROYAL AVENUE
City-St-Zip: CRESCENT CITY, FL 32112 US

Title: T/D () Delete
Name: THOMAS, CONSTANCE R
Address: 100 OAK ROAD
City-St-Zip: EAST PALATKA, FL 32131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CROWLEY, STEPHEN J
Address: 520 KIRBY STREET
City-St-Zip: PALATKA, FL 32177 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE R. THOMAS

T/D

03/30/2005

Electronic Signature of Signing Officer or Director

Date