


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 001 ****61.25

DOCUMENT # 731975					
1. Entity Name ARTS COUNCIL OF GREATER PALATKA, INC.					
Principal Place of Business 216 REID STREET PALATKA, FL 32177 US			Mailing Address POST OFFICE BOX 936 PALATKA, FL 31278 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0166377	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AIKEN, DENISE 216 REID STREET PALATKA, FL 32177			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P/D NAME CROWLEY, STEPHEN J STREET ADDRESS 520 KIRBY STREET CITY-ST-ZIP PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE President NAME Anderson, Rosemary STREET ADDRESS 145 Mount Royal Avenue CITY-ST-ZIP Crescent City, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V/D NAME LONGWORTH, LYNN STREET ADDRESS 111 W. ST. JOHNS TERRACE CITY-ST-ZIP EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Crowley, Stephen J STREET ADDRESS 520 Kirby Street CITY-ST-ZIP Palatka, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S/D NAME ANDERSON, ROSEMARY STREET ADDRESS 145 MOUNT ROYAL AVENUE CITY-ST-ZIP CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Robert D. Parrish STREET ADDRESS PO Box 421 CITY-ST-ZIP Palatka, FL 32178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T/D NAME THOMAS, CONSTANCE R STREET ADDRESS 100 OAK ROAD CITY-ST-ZIP EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Denise Aiken STREET ADDRESS 118 Waterway Ave CITY-ST-ZIP Satsuma, FL 32189	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Treasurer NAME Patricia Banks STREET ADDRESS 519 Crill Ave CITY-ST-ZIP Palatka, FL 32177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Denise Aiken</u>		4/28/07		386-328-8998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	