


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731975</b> 1. Entity Name <b>ARTS COUNCIL OF GREATER PALATKA, INC.</b>	
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Principal Place of Business <b>216 REID STREET PALATKA, FL 32177 US</b>	Mailing Address <b>POST OFFICE BOX 936 PALATKA, FL 31278 US</b>
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04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0166377</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>AIKEN, DENISE 216 REID STREET PALATKA, FL 32177</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ROSEMARY 145 MOUNT ROYAL AVENUE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWLEY, STEPHEN J 520 KIRBY STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRISH, ROBERT D PO BOX 421 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIKEN, DENISE 118 WATERWAY AVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, PATRICIA 519 CRILL AVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/30/08-80020-007 61.25

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/29/08</b> <b>386-728-8998</b> <small>Date Daytime Phone #</small>
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