

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northing</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737144** (6)  
1. Corporation Name  
**FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED**

Principal Place of Business <b>952 FRANCIS ST. WEST PALM BEACH FL 33405 US</b>	Mailing Address <b>P.O. BOX 6038 WEST PALM BEACH FL 33405 US</b>
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2. Principal Place of Business <b>21 626 Lakehaven Circle</b>	2a. Mailing Address <b>26 626 Lakehaven Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 Orlando, FL</b>	City & State <b>28 Orlando, FL</b>
Zip <b>24 32828</b>	Country <b>25 U.S.</b>
Country <b>29 32828</b>	Country <b>30 U.S.</b>

3. Date Incorporated or Qualified <b>10/26/1976</b>
4. FEI Number <b>51-0182663</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**KREPPS, PEARL  
952 FRANCIS STREET  
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent
81 Name <b>Susan E. West</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>626 Lakehaven Circle</b>
83
84 City <b>Orlando, FL</b>
85 Zip Code <b>32828</b>

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 *Susan E. West* *Susan E. West (T/D)* *2/18/98*  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D INGEL-KREBSBACH, NANCY</b>
STREET ADDRESS	<b>858 PARK LAKE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32803-3908</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P AZCUI, RAY T</b>
STREET ADDRESS	<b>185 NW 164TH AVENUE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD MILES, PATRICIA A</b>
STREET ADDRESS	<b>1427 HARNDEN ROAD</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TD KREPPS, PEARL</b>
STREET ADDRESS	<b>952 FRANCIS STREET</b>
CITY-ST-ZIP	<b>WEST PALM BCH. FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S WILLIAMS, NAN</b>
STREET ADDRESS	<b>385 GROUSE COURT</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D Krebsbach, Nancy</b>
1.3 STREET ADDRESS	<b>858 Park Lake Ct.</b>
1.4 CITY-ST-ZIP	<b>Orlando FL 32803-3908</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Past President / D Azcui, Ray T.</b>
2.3 STREET ADDRESS	<b>185 NW 164th Avenue</b>
2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/D Susan E. West</b>
4.3 STREET ADDRESS	<b>626 Lakehaven Circle</b>
4.4 CITY-ST-ZIP	<b>Orlando, FL 32828</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>S Phyllis Duggar Alexandroff</b>
5.3 STREET ADDRESS	<b>2602 Stafford Woods Place</b>
5.4 CITY-ST-ZIP	<b>Plant City, FL 33565</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Susan Weinstock N/A</b>
6.3 STREET ADDRESS	<b>P.O. Box 501</b>
6.4 CITY-ST-ZIP	<b>Sorrento, FL 32776</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Susan E. West* *Susan E. West (T/D)* *2/18/98* *(140) 205-1239*

CR2E037 (10/97)