

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

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DOCUMENT # 737144

1. Corporation Name

FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business

626 LAKEHAVEN CIR
ORLANDO FL 32828
US

Mailing Address

626 LAKEHAVEN CIR
ORLANDO FL 32828
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/26/1976

4. FEI Number

51-0182663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SUSAN E WEST
626 LAKEHAVEN CIR
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME KREBSBACH, NANCY
STREET ADDRESS 858 PARK LAKE COURT
CITY-ST-ZIP ORLANDO FL 32803-3908

TITLE PD
NAME AZCUI, RAY T
STREET ADDRESS 185 NW 164TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD
NAME SUSAN E WEST
STREET ADDRESS 626 LAKEHAVEN CIR
CITY-ST-ZIP ORLANDO FL 32828

TITLE S
NAME PHYLLIS DUGGAR ALEXANDROFF
STREET ADDRESS 2602 STAFFORD WOODS PL
CITY-ST-ZIP PLANT CITY FL 33565

TITLE D
NAME SUSAN WEINSTOCK
STREET ADDRESS P O BOX 501 N/A
CITY-ST-ZIP SORRENTO FL 32776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Nancy Krebsbach
1.3 STREET ADDRESS 1715 Sea Shell Dr.
1.4 CITY-ST-ZIP Merritt Island, FL 32952

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Susan Westbrook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9, 1999 (407) 275-1239
Date Daytime Phone #

CR2E037 (11/98)