8/22/00-90005-020-$70.00-$70.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737144

1. Entity Name

FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 6:16

Principal Place of Business	Mailing Address
~~626 LAKEHAVEN CIR~~ 1427 HARNDEN ~~ORLANDO FL 32828~~ PORT ORANGE, FL 32119 ~~US~~	~~626 LAKEHAVEN CIR~~ 1427 HARNDEN RD ~~ORLANDO FL 32828~~ PORT ORANGE, FL 32119 ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1427 HARNDEN RD.	1427 HARNDEN RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State: PORT ORANGE, FL
Zip: 32119 Country: US	Zip: 32119 Country: US

4. FEI Number: 51-0182663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUSAN E WEST 626 LAKEHAVEN CIR ORLANDO FL 32828	Name: PATRICIA MILES Street Address (P.O. Box Number Is Not Acceptable): 1427 HARNDEN RD. City: PORT ORANGE FL Zip Code: 32119

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.

SIGNATURE: PATRICIA MILES Patricia Miles AUG. 10, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KREBSBACH, NANCY 1715 SEA SHELL DR MERRITT ISLAND FL 32952	☑ Delete	PRESIDENT PD(R) SUSAN WEINSTOCK P.O. BOX 501 SORRENTO, FL. 32776	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AZCUY, RAY T 185 NW 164TH AVENUE PEMBROKE PINES FL	☑ Delete	PRESIDENT-ELECT PD(Dir) NAN WILLIAMS 385 GROUSE COURT WINTER PARK, FL 32789	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUSAN E WEST 626 LAKEHAVEN CIR ORLANDO FL 32828	☑ Delete	TREASURER T(Dir) PATRICIA MILES 1427 HARNDEN RD. PORT ORANGE, FL 32119	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHYLLIS DUGGAR ALEXANDROFF 2602 STAFFORD WOODS PL PLANT CITY FL 33565	☑ Delete	SECRETARY S(Dir) CINDY JESUP 721 PRISSOL LANE PORT ORANGE, FL. 32127	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUSAN WEINSTOCK P O BOX 501 N/A SORRENTO FL 32776	☑ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition AD

12. 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 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: Patricia R Miles PATRICIA MILES 8/10/00 904.822.6547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #