

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90539 022 ****61.25

DOCUMENT # 737144

1. Entity Name

FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business

1427 HARNDEN ROAD
 SUITE 1
 PORT ORANGE FL 32129
 US

Mailing Address

1427 HARNDEN ROAD
 SUITE 1
 PORT ORANGE FL 32129
 US

00004020

2. Principal Place of Business

~~P.O. Box~~ 12154 Capri Circles

3. Mailing Address

P.O. Box 7452

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Treasure Island, FL

City & State
 Seminole, FL

4. FEI Number

51-0182663

Applied For

Not Applicable

Zip
 33704-FL

Country
 Pinellas

Zip
 33775

Country
 Pinellas

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

MILES, PATRICIA
 1427 HARNDEN ROAD
 SUITE 1
 PORT ORANGE FL 32828

Name
 Susan Froemming

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

12154 Capri Circles

Treasure Island,

City
 Treasure Island

FL

Zip Code
 33706

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 *Susan Froemming*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

FILE NOW: FEE IS \$61.25

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 PD
 NAME WEINSTOCK, SUSAN ☒ Delete
 STREET ADDRESS PO BOX 501
 CITY-ST-ZIP SORRENTO FL 32778

TITLE Treasurer ☐ Change ☒ Addition
 NAME Susan Froemming
 STREET ADDRESS 12154 Capri Circles
 CITY-ST-ZIP Treasure Island, FL 33706

TITLE PDE
 NAME WILLIAMS, NAN ☒ Delete
 STREET ADDRESS 385 GROUSE COURT
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE President Elect ☐ Change ☒ Addition
 NAME Pearl Krepps
 STREET ADDRESS 952 Francis St.
 CITY-ST-ZIP West Palm Beach, FL 33405

TITLE TD
 NAME MILES, PATRICIA ☒ Delete
 STREET ADDRESS 1427 HARNDEN RD
 CITY-ST-ZIP PORT ORANGE FL 32119

TITLE Secretary ☐ Change ☒ Addition
 NAME Ruth Ann Broddy
 STREET ADDRESS 3012 Oak Hammock La
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE SD
 NAME JESUP, CINDY ☒ Delete
 STREET ADDRESS 721 PRISOL LANE
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE President ☒ Change ☐ Addition
 NAME Nan Williams
 STREET ADDRESS 385 Grouse Ct
 CITY-ST-ZIP Winter Park FL 32789

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Susan Froemming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

727-588-6057

Date

Daytime Phone #

CR2E037 (9/01)