2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737144

FILED Feb 04, 2004 Secretary of State

Entity Name: FLORIDA ART EDUCATION ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

12156 CAPRI CIRCLES 207 OFFICE PLAZA DRIVE TREASURE ISLAND, FL 33706 US TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

PO BOX 7452 207 OFFICE PLAZA DRIVE SEMINOLE, FL 33725 US TALLAHASSEE, FL 32301 US

FEI Number: 51-0182663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FROEMMING, SUSAN PERRY, JAMES

12156 CAPRI CIRCLES 207 OFFICE PALZA DRIVE TREASURE ISLAND, FL 33706 US 207 OFFICE PALZA DRIVE TALLAHASSEE, FL 32301 US

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: JAMES T. PERRY 02/04/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:TD() DeleteTitle:V/D(X) Change () AdditionName:FROEMMING, SUSANName:FROEMMING, SUSANAddress:12156 CAPRI CIRCLESAddress:12156 CAPRI CIRCLES

City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

 Title:
 PDE
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 KREPPS, PEARL

 Name:
 KREPPS, PEARL

Address: 952 FRANCIS STREET Address: 952 FRANCIS STREET
City-St-Zip: WEST PALM BEACH, FL 33405
City-St-Zip: WEST PALM BEACH, FL 33405

Title: SD () Delete Title: M (X) Change () Addition

 Name:
 BRADDY, RUTH ANN
 Name:
 PERRY, JAMES T

 Address:
 3012 OAK HAMMOCK LANE
 Address:
 207 OFFICE PLAZA DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: PD (X) Delete Title: () Change () Addition

 Name:
 WILLIAMS, NAN
 Name:

 Address:
 385 GROUSE COURT
 Address:

 City-St-Zip:
 WINTER PARK, FL 37789
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T PERRY M 02/04/2004