

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **744961** (4)  
1. Corporation Name

**CENTER FOR THE ARTS, INC.**



Principal Place of Business: **3001 RIVERSIDE PARK DRIVE VERO BEACH FL 32963**  
Mailing Address: **3001 RIVERSIDE PARK DRIVE VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **11/15/1978**  
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-1867408**  
Applied For:  Not Applicable:

Suite, Apt. #, etc.: **22**  
27

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**  
28

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EVANS, RALPH L.  
2920 CARDINAL DRIVE  
VERO BEACH FL 32963**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ROBERT R.	
STREET ADDRESS	3150 CARDINAL DRIVE SUITE 200	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLTZ, EDGAR W.	
STREET ADDRESS	2155 VIA FUENTES	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STARK, RICHARD A.	
STREET ADDRESS	340 PALMETTO POINT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMPTON, GIFFORD H. III	
STREET ADDRESS	5065 NORTH A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2035 Regatta Drive	
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Black, Crawford A.	
5.3 STREET ADDRESS	166 Ocean Way	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Petersmeyer, Frances	
6.3 STREET ADDRESS	201 Turtle Way	
6.4 CITY-ST-ZIP	VERO BEACH, FL 32963	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **John B. Henry, III** 2/23/96 (407) 231-0707  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)