FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752431 **(7)**

1. Corporation Name

FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST S717 SARASOTA FL 34236-5901	1800 SECOND ST S717 SARASOTA FL 34236-5901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1980
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2096345 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCLAIN, GEORGE R.
1800 SEOND ST
S717
SARASOTA FL 33578

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MCMICHAEL, FRAN	1.2 NAME	BROWN, CONNIE
STREET ADDRESS	1422 SE 17TH STREET	1.3 STREET ADDRESS	907 SNOWDEN DRIVE
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BROWN, CONNIE	2.2 NAME	GROTEFELD, JUNE
STREET ADDRESS	907 SNOWDEN DRIVE	2.3 STREET ADDRESS	145 ATLANTIS #208
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	ATLANTIS, FL
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	CLARK, SHIRLEY	3.2 NAME	PHYLLIS, CHEZEM
STREET ADDRESS	2112 E PARKTON DRIVE	3.3 STREET ADDRESS	95 E. OVERBROOK ST.
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	LARGO, FL
TITLE	RSD	4.1 TITLE	RSD ☐ Change ☐ Addition
NAME	JACKS, KAY	4.2 NAME	JACKS, KAY
STREET ADDRESS	74828 US HWY #1	4.3 STREET ADDRESS	74828 US HWY #1
CITY-ST-ZIP	ISLAMORADA FL	4.4 CITY-ST-ZIP	ISLAMORADA, FL
TITLE	CSD	5.1 TITLE	CSD ☒ Change ☐ Addition
NAME	OBERLIN, LYNETTE	5.2 NAME	ATKINSON, MARY
STREET ADDRESS	2866 NE MCINTYRE ROAD	5.3 STREET ADDRESS	4243 ROBERT ST
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	TEQUESTA, FL
TITLE	TD	6.1 TITLE	TD ☐ Change ☐ Addition
NAME	STOLLEN, COLLEEN	6.2 NAME	STOLLEN, COLLEEN
STREET ADDRESS	P.O. BOX 31113 NA	6.3 STREET ADDRESS	P.O. BOX 31113 NA
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL

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)(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.

SIGNATURE: Mary L. Atkinson 4-9-95 407-746-4044
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018869