

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 # **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**

3. Date Incorporated or Qualified
05/12/1980

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

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

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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BROWN, CONNIE**
STREET ADDRESS **907 SNOWDEN DRIVE**
CITY-ST-ZIP **LAKESWORTH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33461**

TITLE **VD** ☐ DELETE
NAME **GAROTTFELD, JUNE**
STREET ADDRESS **145 ATLANTIS #209**
CITY-ST-ZIP **ATLANTIS FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **CATANIA, CAROL**
2.4 CITY-ST-ZIP **3803 Woodlake Dr**

TITLE **VD** ☒ DELETE
NAME **PHYLLIS, CHEZEM**
STREET ADDRESS **95 E. OVERBROOK ST.**
CITY-ST-ZIP **LARGO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **Bonita Springs, FL 33423**

TITLE **RSD** ☐ DELETE
NAME **JACKS, KAY**
STREET ADDRESS **74828 US HWY #1**
CITY-ST-ZIP **ISLAMORADA FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33036**

TITLE **CSD** ☐ DELETE
NAME **ATKINSON, MARY**
STREET ADDRESS **4243 ROBERT ST**
CITY-ST-ZIP **TEQUESTA FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **CSD**
5.3 STREET ADDRESS **MIHALL, RUTH**
5.4 CITY-ST-ZIP **5354 Christie Ann Place**

TITLE **TD** ☐ DELETE
NAME **STOLLEN, COLLEEN**
STREET ADDRESS **P.O. BOX 31113 NA**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **4409 Oak View Dr.**
6.4 CITY-ST-ZIP **Sarasota, FL 34233**

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 199.07(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:

Colleen Stollen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96
Date

941-378-4352
Daytime Phone #

CR2E037 (12/95)