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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34236-59011800 SECOND ST
S717
SARASOTA FL 34236-59463. Date Incorporated or Qualified
05/12/19803a. Date of Last Report
04/18/1996

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

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 reinstating)

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 LAKEWORTH FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Nolen, Lois
1.3 STREET ADDRESS 12606 SW Archer RD
1.4 CITY-ST-ZIP Archer, FL 32618TITLE VD ☐ DELETE
NAME CATANIA, CAROL
STREET ADDRESS 3803 WOODLAKE DR
CITY-ST-ZIP BONTA SPRINGS FL2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Branch, Irene
2.3 STREET ADDRESS 4335 Barquero Ct. E.
2.4 CITY-ST-ZIP Jacksonville, FL 32217TITLE VD ☒ DELETE
NAME PHYLLIS, CHEZEM
STREET ADDRESS 95 E. OVERBROOK ST.
CITY-ST-ZIP LARGO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE RSD ☐ DELETE
NAME JACKS, KAY
STREET ADDRESS 74828 US HWY #1
CITY-ST-ZIP ISLAMORADA FL4.1 TITLE RSD ☒ Change ☐ Addition
4.2 NAME Arnold, Carole
4.3 STREET ADDRESS 10551 Burris Dr.
4.4 CITY-ST-ZIP Jacksonville, FL 32225TITLE CSD ☐ DELETE
NAME MIHALL, RUTH
STREET ADDRESS 5354 CHRISTIE ANN PLACE
CITY-ST-ZIP SARASOTA FL5.1 TITLE CSD ☒ Change ☐ Addition
5.2 NAME Apte, Linda
5.3 STREET ADDRESS 1443 Tanglewood Dr.
5.4 CITY-ST-ZIP Ft. Myers, FL 33919TITLE TD ☐ DELETE
NAME STOLLEN, COLLEEN
STREET ADDRESS 4409 OAK VIEW DR
CITY-ST-ZIP SARASOTA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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* 2-3-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0081155

CR2E037 (9/96)