

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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S717  
SARASOTA FL 34236-5901**

3. Date Incorporated or Qualified

**05/12/1980**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** 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 **NOLEN, LOIS**  
STREET ADDRESS **12808 SW ARCHER RD**  
CITY-ST-ZIP **ARCHER FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **KENWORTHY, RUTH**  
1.3 STREET ADDRESS **5175 SIESTA WOODS DR**  
1.4 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **VD** ☐ DELETE  
NAME **BRANCH, IRENE**  
STREET ADDRESS **4335 BARQUERO CT E**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **JONES, ELISA**  
2.3 STREET ADDRESS **2864 SE LOVEJOY ST.**  
2.4 CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **RSD** ☐ DELETE  
NAME **ARNOLD, CAROLE**  
STREET ADDRESS **10551 BURRIS DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **RSD** ☒ Change ☐ Addition  
3.2 NAME **OBERLIN, LYNNETTE**  
3.3 STREET ADDRESS **22355 HERANDO AVE.**  
3.4 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **CSD** ☐ DELETE  
NAME **APTE, LINDA**  
STREET ADDRESS **1443 TANGLEWOOD DR**  
CITY-ST-ZIP **FT MYERS FL**

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

TITLE **TD** ☐ DELETE  
NAME **STOLLEN, COLLEEN**  
STREET ADDRESS **4409 OAK VIEW DR**  
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **TD** ☒ Change ☐ Addition  
5.2 NAME **STOLLER, COLLEEN**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 Stoller* **Colleen Stoller** 4-14-98 94-378-4352

CR2E037 (10/97)