

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90222 038 ****61.25

0065493

DOCUMENT # 752431

1. Corporation Name

**FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS,
INC.**

Principal Place of Business

**1800 SECOND ST
S717
SARASOTA FL 34236-5901**

Mailing Address

**1800 SECOND ST
S717
SARASOTA FL 34236-5901**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/12/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2096345

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **KENWORTHY, RUTH**
STREET ADDRESS **5175 SIESTA WOODS DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **JONES, ELISA**
STREET ADDRESS **2864 SE LOVEJOY STREET**
CITY-ST-ZIP **ARVADIA FL 34266**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **RSD** ☐ DELETE
NAME **OBERLIN, LYNETTE**
STREET ADDRESS **22355 HERNANDO AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

**CSD
Campbell, Elizabeth
4633 Forest Wood Tr
Sarasota, FL 34241**

☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

941-378-4352

Date

Daytime Phone #

CR2E037 (11/98)