



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 752431		
1. Entity Name FLORIDA STATE ASSOCIATION OF PORCELAIN ARTISTS, INC.		
Principal Place of Business 3823 NE 19TH STREET CIRCLE OCALA, FL 34470		Mailing Address 3823 NE 19TH STREET CIRCLE OCALA, FL 34470-4937
DO NOT WRITE IN THIS SPACE		
		
02012005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-2096345		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
JENTA R. WYATT 3823 NE 19TH STREET CIRCLE OCALA, FL 34470		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORK, HELEN I 1407 HESTER DRIVE LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANKLIN, SUE 1585 BOCA RIO DRIVE VIERA, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CARROLL, SHIRLEY 3481 HIGHWAY 83 NORTH DEFUNIAK SPRINGS, FL 32433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS STOLLER, COLLEEN 4409 OAK VIEW DR. SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYATT, JENTA R 3823 NE 19TH STREET CIRCLE OCALA, FL 34470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Jenta R. Wyatt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Jenta R. Wyatt</i> 2/1/05 352 351-8558 Date Daytime Phone #