

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90082 041 \*\*\*\*61.25

**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 34470-4997~~

2. Principal Place of Business

~~4409 Oak View Dr~~  
Suite, Apt. #, etc.

3. Mailing Address

~~4409 Oak View DR~~  
Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip

**34232**

Country

**USA**

Zip

**34232-**

Country

**USA**

4. FEI Number

**59-2096345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~JENTA R. WYATT  
3823 NE 19TH STREET CIRCLE  
OCALA FL 34470~~

7. Name and Address of New Registered Agent

Name

~~Colleen Stoller~~

Street Address (P.O. Box Number is Not Acceptable)

~~4409 Oak View Dr~~

City

~~Sarasota, FL 34232~~

**FL**

Zip Code

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

*Colleen Stoller*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **CORK, HELEN I**  
STREET ADDRESS **1407 HESTER DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **VP** ☒ Delete  
NAME **FRANKLIN, SUE**  
STREET ADDRESS **1585 BOCA RIO DRIVE**  
CITY-ST-ZIP **VIERA FL 32940**

TITLE **RS** ☐ Delete  
NAME **CARROLL, SHIRLEY**  
STREET ADDRESS **3481 HIGHWAY 83 NORTH**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **CS** ☒ Delete  
NAME **STOLLER, COLLEEN**  
STREET ADDRESS **4409 OAK VIEW DR.**  
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **T** ☒ Delete  
NAME **WYATT, JENTA R**  
STREET ADDRESS **3823 NE 19TH STREET CIRCLE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Anita Harris**  
CITY-ST-ZIP **1859 Ward Rd**  
**De Funiak Springs, FL 32433**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **Sharon Rodriguez**  
CITY-ST-ZIP **389 SE Evans Ave**  
**Pt St Lucie, FL 34984**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **NO CHANGE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **CS**  
STREET ADDRESS **Laverne Sifers**  
CITY-ST-ZIP **6936 NW Hershey Cr**  
**Pt St Lucie, FL 34983**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **Colleen Stoller**  
CITY-ST-ZIP **4409 Oak View Dr**  
**Sarasota, FL 34232**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Colleen Stoller*

3-1-06 941-378-4352