

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90146 035 \*\*\*\*61.25

**DOCUMENT # 752431**

1. Entity 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**

**00140006**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2096345**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLAIN, GEORGE R.  
1800 SEOND ST  
S717  
SARASOTA FL 33578**

Name

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

City

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003; min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, SHIRLEY	
STREET ADDRESS	3841 HWY 83 N	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WYATT, JENTA	
STREET ADDRESS	3823 NE 19TH ST CR	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ANNE	
STREET ADDRESS	3586 EARL CAMPBELL RD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARY J	
STREET ADDRESS	2530 LAKE ELLEN CR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STOLLER, COLLEEN	
STREET ADDRESS	4409 OAK VIEW DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corliss Sullivan	
STREET ADDRESS	4180 Rolling Oaks	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Kenworthy	
STREET ADDRESS	5175 Siesta Woods Dr.	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Campbell	
STREET ADDRESS	4633 Forest Wood Trail	
CITY-ST-ZIP	Sarasota, FL 34241-6111	
TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colleen Stoller	
STREET ADDRESS	4409 Oak View Dr.	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jenta R. Wyatt	
STREET ADDRESS	3823 NE 19th Street Circle	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:

*Jenta R. Wyatt*

7/31/03

352-351-8558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)