FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
MAY 01 1995

DOCUMENT # **754310** **(1)**

1. Corporate Name

ARTS & CRAFTS COMMUNITY EDUCATIONAL SERVICES, IN C.

Principal Place of Business

2517 W.PINE ST.
P.O. BOX 4652
TAMPA FL 33677

Mailing Address

2517 W.PINE ST
P.O. BOX 4652
TAMPA FL 33677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1980**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2128881**	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for sales tax under Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 County	29 Zip	30 County

9. Name and Address of Current Registered Agent

COUTROULIS, CHRIS S.
706 S.BREVARD AVE.
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if applicable) (If not, Registered Agent's signature required when mailed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	Director	☒ Change ☐ Addition
NAME	ALEXANDROFF, PHYLLIS	12 NAME		
STREET ADDRESS	901 E. KENNEDY BLVD	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP		
TITLE	~~SD~~	21 TITLE	Director	☒ Change ☐ Addition
NAME	GRIESHOP, CAROL	22 NAME		
STREET ADDRESS	1902 E ANNIE ST.	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP		
TITLE	~~VPD~~	31 TITLE	President, Director	☒ Change ☐ Addition
NAME	HURST, ELOISE	32 NAME		
STREET ADDRESS	3804 SAN PEDRO	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	EBNER, JOE	42 NAME		
STREET ADDRESS	705 S VILLAGE DR., #102	43 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP		
TITLE	~~D~~	51 TITLE	Vice President, Director	☒ Change ☐ Addition
NAME	~~ROBERTS, GLADYS~~	52 NAME	Patt Fosnaught	
STREET ADDRESS	~~11406 CERCA DEL RIO PL~~	53 STREET ADDRESS	606 Seabreeze Court	
CITY ST ZIP	~~TEMPLE TERRACE FL~~	54 CITY ST ZIP	Tampa, FL 33602	
TITLE	MD	61 TITLE		☐ Change ☐ Addition
NAME	WATERMAN, ELISA G P	62 NAME		
STREET ADDRESS	8601 W KNIGHTS GRIFFIN RD	63 STREET ADDRESS		
CITY ST ZIP	PLANT CITY FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with all blanks.

SIGNATURE: Elisa G. P. Waterman

SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elisa G. P. Waterman, Executive Director — April 27, 1995 — 813-875-6754

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