

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754310** (1)

1. Corporation Name

**ARTS & CRAFTS COMMUNITY EDUCATIONAL SERVICES, IN
C.**

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

09/24/1980

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

COUTROULIS, CHRIS S.
706 S.BREVARD AVE.
TAMPA FL 33806

10. Name and Address of New Registered Agent

81 Name **Eloise Hurst**

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

3804 San Pedro

83

84 City **Tampa**

FL

85 Zip Code **33629**

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 617.0508, Florida Statutes.

SIGNATURE

Eloise R. Hurst, **Eloise R. Hurst, President 7-18-96**

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **ALEXANDROFF, PHYLLIS**
STREET ADDRESS **901 E. KENNEDY BLVD**
CITY - ST - ZIP **TAMPA FL**

TITLE **D** ☒ DELETE
NAME **GRIESHOP, CAROL**
STREET ADDRESS **1902 E ANNIE ST.**
CITY - ST - ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
NAME **HURST, ELOISE**
STREET ADDRESS **3804 SAN PEDRO**
CITY - ST - ZIP **TAMPA FL 33629**

TITLE **TD** ☒ DELETE
NAME **EBNER, JOE**
STREET ADDRESS **705 S VILLAGE DR., #102**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE **VD** ☐ DELETE
NAME **FOSNAUGHT, PATT**
STREET ADDRESS **606 SEABREEZE COURT**
CITY - ST - ZIP **TAMPA FL**

TITLE **MD** ☒ DELETE
NAME **WATERMAN, ELISA G P**
STREET ADDRESS **8601 W KNIGHTS GRIFFIN RD**
CITY - ST - ZIP **PLANT CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Pam Milham**
1.3 STREET ADDRESS **5006 S. Sunset Blvd**
1.4 CITY - ST - ZIP **Tampa FL 33629**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **James Daniels**
2.3 STREET ADDRESS **330 Scott Court**
2.4 CITY - ST - ZIP **Palm Harbor FL 34684**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Nancy Minnes**
3.3 STREET ADDRESS **1210 Timberland, East**
3.4 CITY - ST - ZIP **Palm Harbor FL 33566**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Theresa Beck**
4.3 STREET ADDRESS **5322 Russel ST.**
4.4 CITY - ST - ZIP **Tampa FL 33611**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **Patt Fosnaught**
5.3 STREET ADDRESS **1185 Shipwatch Cir**
5.4 CITY - ST - ZIP **Tampa FL 33602**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Ellen Crystal**
6.3 STREET ADDRESS **724 Druid Hills Rd**
6.4 CITY - ST - ZIP **Temple Terrace FL 33517**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Eloise R. Hurst, **Eloise R. Hurst, 7-18-96 273-3642**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)