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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755432

1. Corporation Name

MATTIE M. KELLY FINE ARTS CENTER, INC.

Principal Place of Business	Mailing Address
14 DORAL DRIVE SHALIMAR, FL 32579	14 DORAL DRIVE SHALIMAR, FL 32579

2. Principal Place of Business 21 1021 HWY 98	2a. Mailing Address 26 P.O. BOX 254	3. Date Incorporated or Qualified 12/08/1980
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27	4. FEI Number 59-2045107 ☐ Applied For ☐ Not Applicable
City & State 23 DESTIN, FL	City & State 28 DESTIN, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32541 Country 25 U.S.	Zip 29 32541 Country 30 U.S.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE JACKSON 14 DORAL DRIVE SHALIMAR, FL 32579 UNITED STATES	81 Name: HUGH L. COX, CHAIRMAN 82 Street Address (P.O. Box Number is Not Acceptable): 1021 HIGHWAY 98 83 SUITE A 84 City: DESTIN FL 85 Zip Code: 32541

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 617.0503, Florida Statutes.

SIGNATURE [signature] HUGH COX June 30 99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT ☒ DELETE NAME: JACKSON, LEE S. STREET ADDRESS: 14 DORAL DRIVE CITY-ST-ZIP: SHALIMAR, FL 32579		1.1 TITLE: PRESIDENT ☐ Change ☒ Addition 1.2 NAME: HUGH L. COX 1.3 STREET ADDRESS: 1021 HWY. 98, SUITE A 1.4 CITY-ST-ZIP: DESTIN, FL 32541	D
TITLE: TREASURER ☒ DELETE NAME: RAIM, MICHAEL STREET ADDRESS: 619 CALHOUN AVENUE CITY-ST-ZIP: DESTIN, FL 32541		2.1 TITLE: VICE PRESIDENT ☐ Change ☒ Addition 2.2 NAME: BARBARA FORRESTER 2.3 STREET ADDRESS: 1021 HWY. 98, SUITE A 2.4 CITY-ST-ZIP: DESTIN, FL 32541	D
TITLE: SECRETARY ☒ DELETE NAME: LOCHT, MICHAEL STREET ADDRESS: 8 CAHABA LANE CITY-ST-ZIP: DESTIN, FL 32541		3.1 TITLE: TREASURER ☐ Change ☒ Addition 3.2 NAME: D. TIMOTHY HERNDON 3.3 STREET ADDRESS: 1021 HWY. 98, SUITE A 3.4 CITY-ST-ZIP: DESTIN, FL 32541	D
TITLE: DIRECTOR ☒ DELETE NAME: BELL, LLOYD STREET ADDRESS: 435 CARDINAL AVENUE CITY-ST-ZIP: FT. WALTON BEACH, FL		4.1 TITLE: SECRETARY ☐ Change ☒ Addition 4.2 NAME: JODEE HART 4.3 STREET ADDRESS: 1021 HWY. 98, SUITE A 4.4 CITY-ST-ZIP: DESTIN, FL 32541	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002952832--8 -08/06/99--01070--010 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] HUGH L. COX, III June 30, 1999 850-650-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32380F.1