

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 759582

(0)

1. Corporation Name

ARTS ON THE PARK, INC.



Principal Place of Business

Mailing Address

115 N KENTUCKY AVE.  
LAKELAND FL 33801

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LAKELAND FL 33801

3. Date Incorporated or Qualified  
08/12/1981

3a. Date of Last Report  
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2005115

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

10. Name and Address of New Registered Agent

KERSEY, CHARLES  
824 OSCEOLA ST  
LAKELAND FL 33801

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 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

Charles Kersey

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☒ DELETE  
NAME DEVANE, ROSY  
STREET ADDRESS 503 E BEACON RD  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME K.C. Jannett  
1.3 STREET ADDRESS 1536 Nolly Rd  
1.4 CITY-ST-ZIP Lakeland, FL 33801

TITLE VD ☐ DELETE  
NAME PINSON, PENELOPE  
STREET ADDRESS 824 PARK HILL AVENUE  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE Gregory Jones ☐ Change ☒ Addition  
2.2 NAME 524 Carey Place  
2.3 STREET ADDRESS Lakeland, FL 33801  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME ALEXANDER, LO  
STREET ADDRESS 1711 W. BELLGROVE  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME KERSEY, CHARLES  
STREET ADDRESS 824 OSCEOLA ST  
CITY-ST-ZIP LAKELAND FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ED ☒ DELETE  
NAME UPHOFF, DUDLEY F  
STREET ADDRESS 420 E PALM DRIVE  
CITY-ST-ZIP LAKELAND FL 33803

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-29-96

680-ARTS

CR2E037 (12/95)