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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 53

DOCUMENT # 764679 (7)

ck # 219 1/16/95 25/ $61

1. Corporation Name

AID FOR THE ARTS, INC.

Principal Place of Business	Mailing Address
P O BOX 360303 MELBOURNE FL 32936-7303	P O BOX 360303 MELBOURNE FL 32936-7303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1982
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2264660 ☐ Applied For ☐ Not Applicable

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

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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DETTMER, DALE A
780 S. APOLLO BLVD.
MELBOURNE FL 32901

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 ______ 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	PD	1.1 TITLE	PD 3 ☒ Change ☐ Addition
NAME	VAN HEUSDEN, JUNE	1.2 NAME	FARMER, JEANNE
STREET ADDRESS	3600 N RIVERSIDE DR	1.3 STREET ADDRESS	835 LOGGERHEAD ISLAND Way
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HERTRICH, BOBBIE	2.2 NAME	
STREET ADDRESS	710 JOHN ADAMS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	FARMER, JEANNE	3.2 NAME	Herbert, TANYA-Pruitt 1
STREET ADDRESS	835 LOGGENHEAD ISLAND WY	3.3 STREET ADDRESS	491 Turtle Circle
CITY-ST-ZIP	SATELLITE BCH FL	3.4 CITY-ST-ZIP	Satellite Bch, Fl. 32937
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	THOMAS, LINDA	4.2 NAME	Frankey, Darcie-Jones
STREET ADDRESS	466 LANTERNBACK ISLAND	4.3 STREET ADDRESS	P.O. BOX 360843 (M/A)
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP	Melbourne, Fl 32936
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	ROTOLANTE, DENISE	5.2 NAME	MILLER, ROBIN
STREET ADDRESS	160 CRISPIN ST	5.3 STREET ADDRESS	1875 RIVERSHORE DR
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	INDIALANTIC, Fl 32903
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, SHARON	6.2 NAME	
STREET ADDRESS	775 GLENGARRY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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: Sharon Sutton, Treasurer 1/16/95 407-259-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON SUTTON

0016031