

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 # 764679

1. Corporation Name

AID FOR THE ARTS, INC.

(7) pd. 1/16/96
CK # 273



Principal Place of Business

P O BOX 360303
MELBOURNE FL 32936-7303

Mailing Address

P O BOX 360303
MELBOURNE FL 32936-7303

3. Date Incorporated or Qualified
08/24/1982

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 **VD** ☒ DELETE
NAME **HERBERT, TANYA-PRUITT**
STREET ADDRESS **491 TURTLE CIRCLE**
CITY-ST-ZIP **SATELLITE BCH FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Slack, Shirley**
1.3 STREET ADDRESS **745 Beach St.**
1.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE **VD** ☒ DELETE
NAME **HERTRICH, BOBBIE**
STREET ADDRESS **710 JOHN ADAMS LANE**
CITY-ST-ZIP **W MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **FARMER, JEANNE**
STREET ADDRESS **835 LOGGENHEAD ISLAND WY**
CITY-ST-ZIP **SATELLITE BCH FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **Sutton, Sharon**
3.3 STREET ADDRESS **775 Glengarry**
3.4 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **VD** ☐ DELETE
NAME **FRANCEY, DARCIA-JONES**
STREET ADDRESS **P.O. BOX 360843 (N/A)**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **S** ☒ DELETE
NAME **MILLER, ROBIN**
STREET ADDRESS **1875 RIVERSHORE DR**
CITY-ST-ZIP **INDIALANTIC FL**

5.1 TITLE **S** ☒ Change ☐ Addition
5.2 NAME **Moreno, Rita**
5.3 STREET ADDRESS **633 Cedarside Way**
5.4 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **T** ☒ DELETE
NAME **SUTTON, SHARON**
STREET ADDRESS **775 GLENGARRY**
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **Palermi, Sara**
6.3 STREET ADDRESS **693 Nicklaus Dr.**
6.4 CITY-ST-ZIP **Melbourne, FL 32940**

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:

Sara Palermi, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
Date

407-255-7195
Daytime Phone #

CR2E037 (12/95)