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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 764679 (7)

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

3. Date Incorporated or Qualified

08/24/1982

4. FEI Number

59-2264660

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 ☐ DELETE  
NAME VD  
STREET ADDRESS SLACK, SHIRLEY  
CITY-ST-ZIP 745 BEACH ST.  
SATELLITE BEACH FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME VD  
1.3 STREET ADDRESS Albert Camille  
1.4 CITY-ST-ZIP 415 Newport Drive  
Indianapolis, FL 32903

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS SUTTON, SHARON  
CITY-ST-ZIP 775 GLENGARRY  
MELBOURNE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PD  
2.3 STREET ADDRESS Schneider, Sandra  
2.4 CITY-ST-ZIP 4455 Lake Washington Rd.  
Melbourne, FL 32934

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME VD  
3.3 STREET ADDRESS Caruso, Joan  
3.4 CITY-ST-ZIP 1085 Carol Court  
Merritt Island, FL 32952

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS MORENO, RITA  
CITY-ST-ZIP 633 CEDARSIDE WAY  
MELBOURNE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME S  
4.3 STREET ADDRESS Neitzke, Lori  
4.4 CITY-ST-ZIP 3165 Hilliard Court  
Melbourne, FL 32934

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS PALERMITI, SARA  
CITY-ST-ZIP 693 NICKLAUS DR.  
MELBOURNE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME T  
5.3 STREET ADDRESS Barnes, Billie  
5.4 CITY-ST-ZIP 3480 Turtle mound Rd.  
Melbourne, FL 32934

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

Sara M. Palermi (Sara M. Palermi) 2/25/98 407-255-7195

CR2E037 (10/97)