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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 764679

1. Corporation Name

AID FOR THE ARTS, INC.

124302 - 90012 - 34

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

Mailing Address
P O BOX 360303
MELBOURNE FL 32936-7303



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2264660	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	

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
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	1.1 TITLE	PD
NAME	ALBERT, CAMILLE	1.2 NAME	SHARON SUTTON
STREET ADDRESS	415 NEWPORT DRIVE	1.3 STREET ADDRESS	775 GLENHARRY DRIVE
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	PD	2.1 TITLE	VD
NAME	SCHNEIDER, SANDRA	2.2 NAME	JOAN CARUSO
STREET ADDRESS	4455 LAKE WASHINGTON RD	2.3 STREET ADDRESS	1085 CAROL COURT
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VD	3.1 TITLE	VD
NAME	CARUSO, JOAN	3.2 NAME	DARCIA JONES-FRANCY
STREET ADDRESS	1085 CAROL COURT	3.3 STREET ADDRESS	1180 RIVERMONT DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	S	4.1 TITLE	S
NAME	NEITZKE, LORI	4.2 NAME	RITA MORENO
STREET ADDRESS	3165 HILLIARD COURT	4.3 STREET ADDRESS	633 CEDAR SIDE WAY
CITY-ST-ZIP	MELBOURNE FL 32934	4.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	T	5.1 TITLE	T
NAME	BRANES, BILL	5.2 NAME	DOLLY WILLIAMS
STREET ADDRESS	3480 TURTLE MOUND RD	5.3 STREET ADDRESS	118 WOODSIDE DRIVE
CITY-ST-ZIP	MELBOURNE FL 32934	5.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	AT	6.1 TITLE	AT
NAME	PALERMITI, SARA	6.2 NAME	SHIRLEY SLACK
STREET ADDRESS	693 NICKLAUS DR	6.3 STREET ADDRESS	745 BEACH STREET
CITY-ST-ZIP	MELBOURNE FL 32940	6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937

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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99 (407) 254 7031
Date Daytime Phone #

CR2E037 (1/98)