

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **769719** (6)

1. Corporation Name

**AMELIA FINE ARTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 1696  
FERNANDINA BEACH FL 32034

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FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/04/1983**

3a. Date of Last Report  
**04/15/1994**

4. FEI Number  
**59-2363006**

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

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

10. Name and Address of New Registered Agent

POOLE, WESLEY R.  
303 CENTRE ST  
STE 200  
FERNANDINA BCH FL 32034

81 Name **FARMAN & FARMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**303 CENTRE ST.**  
83  
84 City **FERNANDINA BEACH** FL 85 Zip Code **32034**

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

**TERRY FARMAN**

*Terry Farman*

DATE

**5-19-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBAS, VICTORIA
STREET ADDRESS	404 S. 7TH STREET
CITY ST ZIP	FERNANDINA BEACH FL
TITLE	VD
NAME	COONROD, ANNE
STREET ADDRESS	1900 HIGHLAND DRIVE
CITY ST ZIP	FERNANDINA BEACH FL 32034
TITLE	SD
NAME	HOLLIDAY, FRANCES
STREET ADDRESS	HIGHWAY A1A
CITY ST ZIP	FERNANDINA BEACH FL
TITLE	TD
NAME	MEEHAN, JOHN
STREET ADDRESS	4630 GLYNWOODS CT
CITY ST ZIP	FERNANDINA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>000001501100</b>
24 CITY ST ZIP	<b>-05/30/95--01026--009</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>*****61.25 *****61.25</b>
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 the 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:

*Victoria B. Robas*  
VICTORIA B. ROBAS

**4/24/95**

**904-241-0753**