


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90016 008 ****70.00

DOCUMENT # 770161	
1. Entity Name CULTURAL ARTS COALITION, INC.	

Principal Place of Business 321 N W 10TH ST P.O. BOX 198 GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 198 GAINESVILLE FL 32602 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2955251		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent NKWANDA JAH 1112 N E 2ND ST GAINESVILLE FL 32601	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, YVETTE 4433 NW 7 STREET GAINESVILLE FL 32606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKLE, ANDREW 1635 SE 14TH AVENUE GAINESVILLE FL 32641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUXTER, TOM 928 NW 21ST TERR GAINESVILLE FL 32603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ANTHONY 8000 NW 30 AVENUE GAINESVILLE FL 32609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, ALAN 2215 NW 21ST AVE GAINESVILLE FL 32609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Greene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8000 NW 30 AVE - President P.O. Box 357220 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Nunn (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 117045 Gainesville, FL 32635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Bowie (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition University of Florida 6-415 Norman Hall P.O. Box 117045 - Gainesville, FL 32611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackie Miles (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3601 N.W. 18 Terrace Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Anthony Greene</i> Anthony Gr. e 3/2/06 372-0216 (352)
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