

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 # 847935 (4)

1. Corporation Name

THE INSTITUTE OF CULTURAL AFFAIRS (INC.)

Principal Place of Business

4750 N SHERIDAN ROAD  
CHICAGO IL 60640-2022  
US

Mailing Address

4750 N SHERIDAN ROAD  
CHICAGO IL 60640-2022  
US

3. Date Incorporated or Qualified  
01/13/1981

3a. Date of Last Report  
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
23-7394613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

WOOD, DAVID  
8905 SW 84TH COURT  
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600001002216  
-05/01/96--01007--004

84 City

\*\*\*61.25

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 PD ☐ DELETE  
NAME CARUSO, RAYMOND  
STREET ADDRESS 556 CITY PARK AVE  
CITY-ST-ZIP COLUMBUS OH

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 43215

TITLE VD ☐ DELETE  
NAME HOWIE, ELLEN E  
STREET ADDRESS BOX 40 ST. N/A  
CITY-ST-ZIP ALTAMONT NY

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 12009

TITLE SD ☒ DELETE  
NAME AYRES, AUDREY  
STREET ADDRESS 25W 640 INDIAN HILL ROAD  
CITY-ST-ZIP NAPERVILLE IL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Martha Talkott  
3.3 STREET ADDRESS 2850 Dresden Square Drive  
3.4 CITY-ST-ZIP Atlanta, GA 30341

TITLE D ☐ DELETE  
NAME ELLIOTT, DONALD M.D.  
STREET ADDRESS 5401 E DAKOTA #12 #436  
CITY-ST-ZIP DENVER CO

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 80222

TITLE TD ☒ DELETE  
NAME HANSON, SAMUEL L  
STREET ADDRESS 5510 EDGEWATER BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Richard W. Shealey  
5.3 STREET ADDRESS 630 Westchester  
5.4 CITY-ST-ZIP Grosse Pointe Park, MI 48230

TITLE D ☐ DELETE  
NAME LINDBLAD, JUDITH  
STREET ADDRESS 10749 SPRINGFIELD PIKE  
CITY-ST-ZIP CINCINNATI OH

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 422 Milton Street  
6.4 CITY-ST-ZIP Cincinnati OH 45210

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:

*Judith Lindblad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

513-241-2149

CR2E037 (12/95)