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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60640-5078
US**



3. Date Incorporated or Qualified **01/13/1981** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

**WOOD, DAVID
8905 SW 84TH COURT
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARUSO, RAYMOND	
STREET ADDRESS	558 CITY PARK AVE	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOWIE, ELLEN E	
STREET ADDRESS	BOX 40 ST. N/A	
CITY-ST-ZIP	ALTAMONT NY 12009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALBOTT, MARTHA	
STREET ADDRESS	2850 DRESDEN SQUARE DR	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, DONALD M.D.	
STREET ADDRESS	5401 E DAKOTA #12 #436	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHEALEY, RICHARD W	
STREET ADDRESS	630 WESTCHESTER	
CITY-ST-ZIP	GROSSE POINTE PARK MI 48230	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDBLAD, JUDITH	
STREET ADDRESS	422 MILTON ST	
CITY-ST-ZIP	CINCINNATI OH 45210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Victoria Adams	
2.3 STREET ADDRESS	312 S. Dunlop St.	
2.4 CITY-ST-ZIP	Petersburg, VA 23803	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Louise Singleton	
4.3 STREET ADDRESS	128 Eudora Street	
4.4 CITY-ST-ZIP	Denver, CO 80220	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert F Morgan	
5.3 STREET ADDRESS	4750 N. Sheridan Rd	
5.4 CITY-ST-ZIP	Chicago, IL 60640	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Singleton Pres.

2/9/97

804 733-3988

Daytime Phone 0076549

CR2E037 (9/96)