

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

4750 N SHERIDAN ROAD
CHICAGO IL 60640-2022
US

4750 N SHERIDAN ROAD
CHICAGO IL 60640-2022
US



3. Date Incorporated or Qualified

01/13/1981

4. FEI Number

23-7394613

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	28	Zip
24	Country	29	Country
25		30	

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, DAVID
8905 SW 64TH COURT
MIAMI FL 33156

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CARUSO, RAYMOND	
STREET ADDRESS	556 CITY PARK AVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADAMS, VICTORIA	
STREET ADDRESS	312 S. DUNLOP ST.	
CITY-ST-ZIP	PETERSBURG VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALBOTT, MARTHA	
STREET ADDRESS	2850 DRESDEN SQUARE DR	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGLETON, LOUISE	
STREET ADDRESS	128 EUDORA STREET	
CITY-ST-ZIP	DENVER CO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARGON, ROBERT E	
STREET ADDRESS	4750 N. SHERIDAN RD.	
CITY-ST-ZIP	CHICAGO IL	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heidi Kolbe	
1.3 STREET ADDRESS	2443 Fair Oaks Blvd Suite 157	
1.4 CITY-ST-ZIP	Sacramento, CA 95825	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Morgan	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Heidi Kolbe

4/28/98

916-481-4488

CR2E037 (10/97)