

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90110 038 \*\*\*\*61.25

**DOCUMENT # 847935**

1. Entity Name  
**THE INSTITUTE OF CULTURAL AFFAIRS (INC.)**



Principal Place of Business  
**4750 N SHERIDAN ROAD  
CHICAGO, IL 60640-2022 US**

Mailing Address  
**4220 NO 25TH STREET  
ATTN: JAN MCCONAHAY  
PHOENIX, AZ 85016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**23-7394613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**OTTO, LORRAINE  
110 LAKE COMMA HILL RD.  
LAKE COMO, FL 32157**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WILKINSON, RICHARD**  
STREET ADDRESS **1851 MCGILVRA BOULEVARD E**  
CITY-ST-ZIP **SEATTLE, WA 98112**

TITLE **VPD** ☐ Delete  
NAME **JAHN, LELA**  
STREET ADDRESS **1736 STOCKTON ST #8**  
CITY-ST-ZIP **SAN FRANCISCO, CA 94133**

TITLE **PD** ☐ Delete  
NAME **ELLIOTT, DONALD**  
STREET ADDRESS **5401 E DAKOTA AVE #12**  
CITY-ST-ZIP **DENVER, CO 80246**

TITLE **TD** ☒ Delete  
NAME **GILBERT, KENNETH**  
STREET ADDRESS **1925 MORAIN DRIVE**  
CITY-ST-ZIP **CHAMPAIGN, IL 61822**

TITLE **SD** ☒ Delete  
NAME **JONES, LYNETTE**  
STREET ADDRESS **14449 NO 6TH PLACE**  
CITY-ST-ZIP **PHOENIX, AZ 85022**

TITLE **D** ☒ Delete  
NAME **LEOPOLD, JAIMIE**  
STREET ADDRESS **1036 N EUCLID AVE**  
CITY-ST-ZIP **TUCSON, AR 85719**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME **Lela Jahn**  
STREET ADDRESS **1736 Stockton Street #8**  
CITY-ST-ZIP **San Francisco, CA 94133**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Rachael Swanson**  
STREET ADDRESS **1440 Harvard St NW**  
CITY-ST-ZIP **Washington DC 20009**

TITLE **D** ☒ Change ☐ Addition  
NAME **Carolyn Antenen**  
STREET ADDRESS **5075 Councilrock Lane**  
CITY-ST-ZIP **Cincinnati, Ohio 45243**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

*Lela Jahn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer Bd of Dir

March 21, 2006

Date

Daytime Phone #