

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

10F2

DOCUMENT # F95000002919 (7)

1. Corporation Name

LOVEWELL INSTITUTE FOR THE CREATIVE ARTS, INC.



Principal Place of Business

C/O MR. DAVID SPANGLER
1600 NE 18TH AVE.
FT. LAUDERDALE FL 33305

Mailing Address

C/O MR. DAVID SPANGLER
1600 NE 18TH AVE.
FT. LAUDERDALE FL 33305

3. Date Incorporated or Qualified
06/16/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

48-1066435

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

**HKS&F REGISTERED AGENT CORP.
2801 S. BAYSHORE DR., #600
MIAMI FL 33133**

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

PDC

NAME

KNOWLES, ANN

STREET ADDRESS

2857 W. PLEASANT HILLS RD.

CITY-ST-ZIP

SALINA KS 67401

☒ DELETE

TITLE

D

NAME

GALLAGHER, DOROTHY

STREET ADDRESS

1809 LARSON

CITY-ST-ZIP

SALINA KS 67401

☒ DELETE

TITLE

D

NAME

JETT, ANN

STREET ADDRESS

950 ELMHURST

CITY-ST-ZIP

SALINA KS 67401

☒ DELETE

TITLE

D

NAME

MULLER, MARCIE

STREET ADDRESS

129 NICHOLAS HALL

CITY-ST-ZIP

MANHATTAN KS 66506-2303

☒ DELETE

TITLE

D

NAME

OSCARD, FIFI

STREET ADDRESS

24 W. 10TH ST.

CITY-ST-ZIP

NEW YORK NY 10018

☒ DELETE

TITLE

D

NAME

SCHMIDT, BRYAN

STREET ADDRESS

1541 N. MARTEL AVE.

CITY-ST-ZIP

LOS ANGELES CA 90046

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D.P.C

1.2 NAME

SPANGLER, DAVID

1.3 STREET ADDRESS

1600 NE 18TH AVE

1.4 CITY-ST-ZIP

FORT LAUDERDALE, FL 33305

☒ Change ☐ Addition

2.1 TITLE

D-ST.

2.2 NAME

MATHIS, HARRIET B.

2.3 STREET ADDRESS

2901 NE 21 TERR

2.4 CITY-ST-ZIP

FT. LAUDERDALE, FL 33306

☒ Change ☐ Addition

3.1 TITLE

D.

3.2 NAME

SIGARS, L. JANA

3.3 STREET ADDRESS

90 HORTSMAN, KAINAMAN, EARLS & FURIE

3.4 CITY-ST-ZIP

2601 S. BAYSHORE DR, SUITE 600

☐ Change ☐ Addition

4.1 TITLE

MIAMI, FL 33183

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

700001840787

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*****70.00**

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

5-28-96

DEB

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:

Harriet B. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIET B. MATHIS

2/23/96

Date

(954) 43-3685

Daytime Phone #

CR2E037 (12/95)

#F95000002919

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LOVEWELL INSTITUTE FOR THE CREATIVE ARTS

1996 Board of Trustees

David Spangler, President
1600 N.E. 18th Ave
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(954)565-5113 O/Fx
(954)537-7508 H

Harriet B. Mathis, Secretary/Treasurer
2901 N.E. 21 Terrace
Ft. Lauderdale, Fl. 33306

(954)563-3685 H/Fx

John P. Bauer
Apartment 1705
2200 South Ocean Lane
Ft. Lauderdale, Fl. 33316

(954)463-5857 H
(954)467-1700 O
(954)764-5100

Susan Dvorak
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Dr. Abraham S. Fischler
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Hollywood, Fl. 33021

(954)989-3922 H
(954)423-1224 O/Fx
(954)476-4770 O

Pam Jones
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Salina, Ks.

(913)825-7632 H
(913)827-0538 O/Fx
c/o Bob Jones

Alf Josefsson
c/o Elajo Invest AB
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011 46 491 190 30 O
" 130 20 Fx
" 640 95 H
" 640 05 Fx

Suzette Levy
21089 Brookshire Terrace
Boca Raton, Fl. 33433

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(954)786-7696 Fx

Stephen C. Parkhill
P.O. Box 5806
Ft. Lauderdale, Fl. 33310

(954)739-9719 O
(954)733-7696 Fx

LJana Sigars
c/o Holtzman, Krinzman, Equels, & Furia
2601 S. Bayshore Drive, Suite 600
Miami, Fl. 33133

(305)859-7700 O
(305)859-9996 Fx