

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90647 030 ****61.25

DOCUMENT # N00000004973

1. Entity Name

CATHERINE COLE TAYLOR CENTER FOR THE ARTS, INC.



Principal Place of Business

Mailing Address

**PO BOX 4869
SANTA ROSA BEACH FL 32459**

**PO BOX 4869
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3713393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional Fee-Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, MARGARET E
50 GOSSAMER LANE #10
SEACREST FL 32413**

Name **Pamela A. Tedesco**

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

63 South Centre Trail

City **Santa Rosa Beach**

FL

Zip Code **32459**

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 *Pamela A. Tedesco*
Signature, typed or printed name of registered agent and title if applicable.

Pamela A. Tedesco, Treasurer
(NOTE: Registered Agent signature required when reinstating)

3/20/03
DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **BUTLER, VAN NESS R JR**
STREET ADDRESS **200 BANFILL STREET**
CITY-ST-ZIP **GRAYTON BEACH FL 32459**

TITLE **D** ☒ Change ☐ Addition
NAME **Butler, Van Ness**

TITLE **D** ☐ Delete
NAME **DAMROTH, MARY**
STREET ADDRESS **2078 OLDE TOWNE AVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **INGRAM, JAKE**
STREET ADDRESS **2489 S COUNTY HWY 395**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **TAYLOR, KITTY**
STREET ADDRESS **12 MAGNOLIA ST**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **C** ☒ Change ☐ Addition
NAME **Taylor, Kitty**

TITLE **S** ☐ Delete
NAME **LUCAS, SUSAN**
STREET ADDRESS **25 CRESCENT ROAD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **STANKO, JOE**
STREET ADDRESS **55 NATURE WAY**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

12. 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 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: *Pamela A. Tedesco* **REQUIRED**

3/30/03 (850) 267-0683

CR2E037 (10/02)