

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00453** (3)

1. Corporation Name

**ISLAND ART ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**205 CENTRE STREET  
POST OFFICE BOX 1251  
FERNANDINA BEACH FL 32034**

**205 CENTRE STREET  
POST OFFICE BOX 1251  
FERNANDINA BEACH FL ~~32034~~  
32034-1251**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/19/1983	05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2353054	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACHMAN, CHAR  
205 CENTRE STREET  
PO BOX 1251  
FERNANDINA BEACH FL 32034**

81 Name	85 Zip Code
<b>Diana Tyson</b>	<b>FL 32034</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
<b>3358 Old Nassauville Rd.</b>	
83	
84 City	
<b>Fernandina Beach</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation admits 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 **Diana Tyson** *Diana Tyson* 1-7-97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FULLER, BARBARA</b>	1.2 NAME	<b>Diana Tyson</b>
STREET ADDRESS	<b>13 PAINTED BUNTING</b>	1.3 STREET ADDRESS	<b>3358 Old Nassauville Rd</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>PO Box 6012</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Fernandina Beach Fl 32035</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRAVEN, MELBA</b>	2.2 NAME	<b>BM</b>
STREET ADDRESS	<b>365 PINEY ISLAND POINT COURT</b>	2.3 STREET ADDRESS	<b>Gary Arseneau</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>23 S. 15th St. Fernandina Fl 32034</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAX, SUSI</b>	3.2 NAME	<b>John E. Cooper</b>
STREET ADDRESS	<b>1738 LESLIE COURT</b>	3.3 STREET ADDRESS	<b>1719 Phillips Manor Rd.</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Fernandina Beach, Fl 32034</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>PIGG, LUTHER R.</b>	4.2 NAME	
STREET ADDRESS	<b>1630 OCEAN FOREST DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BCH, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOZENA, LOUISE R.</b>	5.2 NAME	
STREET ADDRESS	<b>1 MARSHA CREEK RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AMELIA ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBB, KAZUKO H.</b>	6.2 NAME	
STREET ADDRESS	<b>19 NORTH 20TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	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)(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: *Diana Tyson* 1-7-97 904-261-6333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000207

CR2E037 (9/96)