2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00453

1. Entity Name

ISLAND ART ASSOCIATION, INC.

Principal Place of Business

Mailing Address

205 CENTRE STREET POST OFFICE BOX 1251 FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

205 CENTRE STREET POST OFFICE BOX 1251

FERNANDINA BEACH FL 32034-1251

FILED Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90140 040 ****61.25

18 N. 2ND STEELT	P.O. Box 125	P.O. Box 1251		* 1891/484 911 981(1 88)(1 848) 91683 91(1 858)(814)(918)(818)(818)(918)(198)			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Char	City & Chata		4 FFI Number		Applied For		
City & State	City & State	BEACH	4. FEI Number	59-2353054	Applied For Not Applicable		
FERNANDINA BEACH FI.	FÉRNANDINA Zip	Country		•	8.75 Additional		
Zip Country 32034 NASSAW	32035-1251	NASSAL	5. Certificate of S		ee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
			Name Therest PAILY				
MINOTON LOOPDII	Street Address (P.O. Box Number is Not Acceptable)						
WINSTON, JOSEPH	1631 PLANTATION OAKSLN.						
205 CENTRE ST. FERNANDINA BEACH FL 32034							
FERINARDINA DEACTIFE 32004				راي FL	Zip Code 32034		
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.							
SIGNATURE Pherendaie THEREST DAILY 4/10/02							
Signature, typed or printed name of registered agent and tyle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to							
Trust Fund Contr							
10. OFFICERS AND D		11.		GES TO OFFICERS AND DIRE			
NAME DION, ELIZABETH	Delete	TITLÉ NAME	PD VICKI COOPE				
STREET ADDRESS 2740-B OKLAWAHA AVENUE		STREET ADDRESS	DA 3 GOS				
CITY-ST-ZIP FERNANDINA BEACH FL 32034	CITY-ST-ZIP	FERNANDINA BEACH, Fl. 32035					
TITLE VD		TITLE	VP		R Change		
NAME MOORE, EILEEN	CAU DEIGIG	NAME		. (Z Gillango Z 7 localisti		
				MELBA CRAVEN TSI. Pt. WADDRESS WIB LITTLE FERNANDINA BEACH, F1. 32035			
CITY-ST-ZIP YULEE FL 32097		CITY-ST-ZIP	FERNANDINA 1	BEACH, F1. 3203	. 5		
TITLE VD		, TITLE			☑ Change ☐ Addition		
NAME MCFADYEN, KAREN		NAME	L. RAY Pigg	_			
STREET ADDRESS 316 LT. HOUSE LN.			1630 OCEAN I	FUREST DE.	[
CITY-ST-ZIP AMELIA ISLAND FL 32034		CITY-ST-ZIP	FERNANDINA	BEACH, F1. 320	34		
TITLE	🔀 Delete	TITLE	\mathcal{T}		☑ Change ☐ Addition		
NAME TONPER, JOSEPH S		NAME .	THERESA DAIL 1631 PLANTATION	y 3 0445 (1)			
STREET ADDRESS P.O. BOX 1737			1631 PLANTATION	U WARS AN	,		
FERNANDINA BCH FL 32035		CITY-ST-ZIP		NO, FI. 32034			
TITLE SD	🔀 Delete	TITLE	SECY. ANNE MOTT 609 Little P	-AVAW	Change 🔲 Addition		
NAME MO HAYAN, ANN STREET ADDRESS AND LITTLE PINEY IS PT		NAME STREET ADDRESS	Thom Little P	Ney Isl. Pt.			
000 611166 11861 10:11:		CITY-ST-ZIP	FERNAUDINA	BEACH FI. 3.	2030		
I ENIMANDINA DEADIT I E 02007	□ Patata		I CENTING IT				
TITLE NAME	☐ Delete	TITLE NAME		L	Change Addition		
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
40 I harohy postify that the information are the desired	is also fills and a second of factors		11: 0- 11 110 07(0)(0) E				

I hereby certify that the information supplied with this filling 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.

QUATURE BEQUIRED

904-261-7020