

FILED  
May 29, 2003 8:00 am  
Secretary of State

05-02-2003 90354 001 \*1,322.50

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

5/2/2

DOCUMENT # **N01000004209**

1. Entity Name  
**J. Clark Charitable ART Foundation, Inc**



**DO NOT WRITE IN THIS SPACE**

**55044549**

2. Principal Place of Business  
**102 14th ST E**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Bradenton, FL**

Zip  
**34208**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**Jacqueline C. Clark**

Street Address (P.O. Box Number is Not Acceptable)  
**102 - 14th ST**

City  
**Bradenton**

FL Zip Code  
**34208**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

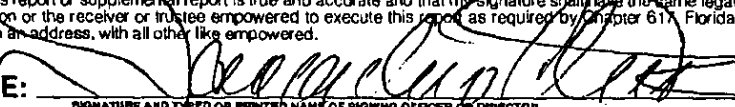
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE    | NAME                | STREET ADDRESS | CITY-STATE-ZIP      |
|----------|---------------------|----------------|---------------------|
| DIRECTOR | Jacqueline C. Clark | 102 14th ST E  | Bradenton, FL 34208 |
|          | D. Christine Clark  | 102 14th ST E  | Bradenton, FL 34208 |
|          | D. Larel Clark      | 102 14th ST E  | Bradenton, FL 34208 |
|          |                     |                |                     |
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  4/28/03 941-748-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)