


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # **N01000007414**
 1. Entity Name
CECILE M. SCOON HOUSE OF ART, INC.



Principal Place of Business
25 EAST 8 STREET
PANAMA CITY, FL 32401

Mailing Address
25 EAST 8 STREET
PANAMA CITY, FL 32401



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748470 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCOON, CECILE M
25 EAST 8 STREET
PANAMA CITY, FL 32401

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: *Cecile M. Scoon* **CECILE M. SCOON** 29 April 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCOON, CECILE M 512 BUNKER COVE RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERS, ALVIN L 512 BUNKER COVE RD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPICER, GLEN M 70 N WALL ST PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000145589
 05/03/04-80032-010 70.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowereds.

SIGNATURE: *Cecile M. Scoon* **CECILE M. SCOON** 29 Apr 04 850-769-782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #