2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90034 007 ****61.25

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1. Entity Name
THE MICANOPY COMMUNITY COUNCIL FOR THE ARTS, INC.

54027344

Principal Place of Business	Mailing Address
153 SEMINARY AVE. MICANOPY, FL	153 SEMINARY AVE. MICANOPY, FL

03012004 Chg-NP CR2E037 (10/03)

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 59-3756556 ☐ 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
MUTCH, SAMUEL A 2114 NW 40TH TERRACE GAINESVILLE, FL 32605	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OSBORNE, LUKE 153 SEMINARY AVE. MICANOPY, FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUDY STROHSCHEIN 12109 S US. HWY 441 MICANOPY FL 32667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIELS, SONYA PO BOX 773 MICANOPY, FL 32667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ED GEERS 10715 SW 10TH TERR. MICANOPY FL. 32617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CALLAHAN, EVAJO PO BOX 470 MC INTOSH, FL 32664	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITH, SUE 5327 SR 346 E MICANOPY, FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALLAHAN, EVA JO P.O. BOX 470 MC INTOSH, FL 32664	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Luke D Osborne March 28 2004 352-466-0671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #