2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92201 027 ****61.25

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1. Entity Name

THE MICANOPY COMMUNITY COUNCIL FOR THE ARTS, INC

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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	D OSBORNE, LUKE 153 SEMINARY AVE. MICANOPY FL 32667 ☐ Delete	TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITNER, ANNABELLE 10560 NW HWY 320 MICANOPY FL 32667 ☑ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHERY BALDWIN 5514 SE. 185 AVE MICANOP 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	SECRATARY SUE SMITH 5327 SR. 346 E. MICANOPY FL 32667 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZLLZHAN, EVAJO PO BOX 470 MCINTOSH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. EVAJO CALLAHAN P.O. BOX 470 MCINTOSH FL 32664 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

CR2E037 (10/02)

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: SIGNATURE Luke Osborne 4/21/03 352 466-4671