2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# N02000005467

Entity Name: FULTON ROSS FUND FOR VISUAL ARTISTS, INC.

Current Principal Place of Business:

3360 S OSPREY AVENUE APT 102A
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3360 S OSPREY AVENUE APT 102A
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 22-3858593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, GALE FULTON
3360 S OSPREY AVENUE APT 102A
SARASOTA, FL 34239

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPCT ( ) Delete
Name: ROSS, GALE F
Address: 3360 S. OSPREY 1018
City-St-Zip: SARASOTA, FL 34239

Title: DVP ( ) Delete
Name: HOBBS, HARTFORD PH.ED
Address: 2220 STICKNEY PT. RD. #510
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete
Name: LITTLE JOHN, EDWARD DR
Address: 8106 REGENTS CT
City-St-Zip: SARASOTA, FL 34231

Title: S ( ) Delete
Name: FITZGERALD, JANICE
Address: 5229 CHASE OAKS DR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL FULTON ROSS DPCT 03/16/2004

Electronic Signature of Signing Officer or Director — Date