

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005467

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



FILED

08 NOV -4 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34242

Mailing Address
5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34242



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11032008 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
22-3858593

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MAPP, MARY
5216 OCEAN BLVD.
SUITE B
SARASOTA, FL 34239

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

Mary Mapp (go)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPCT ☐ Delete
NAME ROSS, GALE F
STREET ADDRESS 3981 MACEACHEN BLVD.
CITY-ST-ZIP SARASOTA, FL 34233

TITLE DVP ☐ Delete
NAME HOBBS, HARTFORD PH.ED
STREET ADDRESS 2220 STICKNEY PT. RD. #510
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D ☐ Delete
NAME LITTLE JOHN, EDWARD DR
STREET ADDRESS 8106 REGENTS CT
CITY-ST-ZIP SARASOTA, FL 34231

TITLE S ☐ Delete
NAME FITZGERALD, JANICE
STREET ADDRESS 3009 ED REID ST.
CITY-ST-ZIP CHARLOTTE, NC 28216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600137627236
CITY-ST-ZIP 11/04/08--01043--011 **245.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gale Fulton Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 31, 2008

Date

Daytime Phone #