


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005155 1. Entity Name CITIZENS FOR FLORIDA ARTS, INC.	
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FILED

2008 APR 30 AM 8: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399	Mailing Address 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399
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04302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 96-2583251	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAUGHNESSY, SANDY 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 4-30-2008

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINDHARDT, MARGARET H	NAME	McDaniel, Anna
STREET ADDRESS	8001 WITCH BLVD	STREET ADDRESS	2731 Mayan Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Pt. Lauderdale, FL 33316
TITLE	D	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHR, KATIE D	NAME	Rayson, John Whitney
STREET ADDRESS	101 VIRGINIA DR.	STREET ADDRESS	200 South Beach Road
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	VC	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAVROS, PAUL	NAME	Levine, I. Stanley
STREET ADDRESS	210-28TH AVE NORTH	STREET ADDRESS	1110 Brickell Ave, 7th Floor
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	Miami, FL 33131
TITLE	ST	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON ARX, DOLPH	NAME	Dunn, Jeffrey
STREET ADDRESS	3863 RUM ROW	STREET ADDRESS	231 East Adams St.
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, MARGARET	NAME	
STREET ADDRESS	1233 HILL VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34329	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, BETH	NAME	
STREET ADDRESS	1981 SEMINOLE TRL	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803	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: M. H. Bindhardt Margaret Bindhardt 4/30/08 850.668.7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #