

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90018 012 \*\*\*\*61.25

<b>DOCUMENT # N07000004734</b>					
<b>1. Entity Name</b> WASHINGTON COUNTY ARTS COUNCIL, INC.					
<b>Principal Place of Business</b> 904 MAIN STREET CHIPLEY, FL 32428			<b>Mailing Address</b> PO BOX 973 CHIPLEY, FL 32428		
<b>2. Principal Place of Business - No P.O. Box #</b> 1082 Garner Way		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Chipley, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 26-0398188	
<b>Zip</b> 32428		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DOUGHERTY, JOHN 904 MAIN STREET CHIPLEY, FL 32428			<b>7. Name and Address of New Registered Agent</b> Name: Ackerman, Jim Street Address (P.O. Box Number is Not Acceptable): 1082 Garner Way City: Chipley FL Zip Code: 32428		
<b>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.</b>					
<b>SIGNATURE</b> <i>Jim Ackerman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jim Ackerman		03/25/2008 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> ACKERMAN, JIM <b>STREET ADDRESS</b> PO BOX 602 <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input type="checkbox"/> Delete		<b>TITLE</b> Chairman <b>NAME</b> Ackerman, Jim <b>STREET ADDRESS</b> P.O. Box 602 <b>CITY-ST-ZIP</b> Chipley, FL 32428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> ACKERMAN, JOAN <b>STREET ADDRESS</b> PO BOX 602 <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BROADFOOT, AMANDA <b>STREET ADDRESS</b> 1631 VELVET DR <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Norton, Linda <b>STREET ADDRESS</b> 854 Haley Drive <b>CITY-ST-ZIP</b> Chipley, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DOUGHERTY, JOHN <b>STREET ADDRESS</b> PO BOX 663 <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Roland, Karen <b>STREET ADDRESS</b> 2697 Gilberts Mill Rd. <b>CITY-ST-ZIP</b> Chipley, FL 32428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DOUGHERTY, BECKY <b>STREET ADDRESS</b> PO BOX 663 <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Board Member <b>NAME</b> Pippin, Tonya <b>STREET ADDRESS</b> P.O. Box 887 <b>CITY-ST-ZIP</b> Chipley, FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FOSTER, KATHY <b>STREET ADDRESS</b> 1365 WATFORD CIRCLE <b>CITY-ST-ZIP</b> CHIPLEY, FL 32428	<input type="checkbox"/> Delete		<b>TITLE</b> Vice-Chairperson <b>NAME</b> Foster, Kathy <b>STREET ADDRESS</b> 1365 Watford Circle <b>CITY-ST-ZIP</b> Chipley, FL 32428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jim Ackerman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/25/2008 850-638-5412 <small>Date Daytime Phone #</small>			