FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07799 (2)

1. Corporation Name

SOCIETY FOR ENTERTAINMENT AND ARTS DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 3829 PORT CHARLOTTE FL 33949	P O BOX 3829 PORT CHARLOTTE FL 33949

3. Date Incorporated or Qualified: 02/22/1985
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2530729 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRICE, DAVID E 3123 DAVID ST PUNTA GORDA FL 33982	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, DAVID E	1.2 NAME		
STREET ADDRESS	3123 DAVID ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	VREDEVOOGD, JAMES	2.2 NAME		
STREET ADDRESS	1060 MALAY TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DUNCAN, GAYLE	3.2 NAME	Dixie Scelsi	
STREET ADDRESS	17466 FOREMOST LANE	3.3 STREET ADDRESS	23355 Garrison Ave.	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33954	
TITLE	VD	4.1 TITLE	P	☒ Change ☐ Addition
NAME	GOLDBERG, BARBARA	4.2 NAME	Laurie Spoon	
STREET ADDRESS	4106 LIBRARY ST.	4.3 STREET ADDRESS	23180 Blackwell Ave.	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33952	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KAREL, LEON	5.2 NAME	Pam Donelson	
STREET ADDRESS	520 ARTISTS AVENUE	5.3 STREET ADDRESS	224444 Delhi Ave.	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Pt. Charlotte, Fl. 33952	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STACKER, MYRTLE	6.2 NAME		
STREET ADDRESS	21494 OLEAN	6.3 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ David E. Price Apr. 20, 1995 Apr. [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001067