FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director of the appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N07799

(2)

SOCIETY FOR ENTERTAINMENT AND ARTS DEVELOPMENT. INC.

Principal Place of Business		Mailing Address		
P O BOX 3829 PORT CHARLOTTE FL 33949		P O BOX 3829 PORT CHARLOTTE FL 33949	-382 9	,
				3. Date Incorporated or Qualified 02/22/1985 3a. Date of Last Report 04/24/1996
Principal Place of Business Total		2a. Mailing Address 26		4. FEI Number Applied For S9-2530729 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	 This corporation has liability for intangible tax under s. 199.032,
24]	25	29] 30	0	Florida Statutes Yes X No
	9. Name and Address of Current	Registered Agent	041 11	10. Name and Address of New Registered Agent
			81 Name	
PRICE, DAVID E			82 Street A	Address (P.O. Box Number is Not Acceptable)
3123 DAVID ST				
PUNTA GORDA FL 33982			63	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	
office or r	egistered agent, or both, in the State on familial with, and accept the obliga	of Flarida. Sugh change was aut	horized by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
	Alandis	INDIES OF CONTROL OF THE PARTY	DAVID	E. PRICE / March GT
SIGNATURE	Signature typed or publicd name of registered agen	t and fille if applicable: (NOTE: R	Registered Agent signature	17.0
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	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	Ţ	DELETE	2.1 TITLE	Change Addition
NAME	VREDEVOOGD, JAMES		2.2 NAME	
STREET ADDRESS	1060 MALAY TERRACE		2.3 STREET ADDRESS	
CITY - S1 - ZIP	PORT CHARLOTTE FL 33948		2. 4 CITY-ST-ZIP	
TITLE	SD	X DELETE	3.1 TITLE	VP X Change Addition
NAME	BRADLEY, CHRISTINE		3.2 NAME	ANN KIPP
STREET ADDRESS	9294 SNAPPER CIRCLE		3.3 STREET ADDRESS	21177 Chatburn Avenue
CITY - ST - ZIP	PT. CHARLOTTE FL		3.4. CITY-ST-ZIP	Port Charlotte, Fl. 33952
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAMÉ	DORIA. EMPE		4. 2 NAME	_ · _
STREET ADDRESS	23059 PERU AVENUE		4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL		4.4 CITY - ST - ZIP	
TIDLE	D	DELETE	5.1 TITLE	SD Change X Addition
NAME	TEDFORD, GLORIA		5.2 NAME	
STREET ADDRESS	1538 KENSINGTON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY - ST - ZIP	
TITLE	D	DELETE	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	

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual 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 comporation or the receiver or distance employered to execute this report as required by Chapter 617, Florida Statutes; and that my name