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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:07

DOCUMENT # N13988 (3)

1. Corporation Name
THE CENTER FOR THE ARTS OF STUART, INC.

Principal Place of Business	Mailing Address
~~C/O BETH L BODENSTEIN~~ 333 TRESSLER DRIVE. P.O. BOX 170 STUART FL 34995-7170	~~C/O BETH L BODENSTEIN~~ 333 TRESSLER DRIVE. P.O. BOX 170 STUART FL 34995-7170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2644176 ☐ Applied For ☐ Not Applicable

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

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

CASE, BARBARA L
333 TRESSLER DR.
STUART FL 34994

10. Name and Address of New Registered Agent

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	BARBARA CASE	1.2 NAME	
STREET ADDRESS	333 TRESSLER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	GEISINGER, RICHARD C JR	2.2 NAME	
STREET ADDRESS	2363 S.E. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~WAITKUS, DOTTY~~	3.2 NAME	Phil Kavanaugh
STREET ADDRESS	~~611 CIEGTA WAY~~	3.3 STREET ADDRESS	202 S.E. Monterey Avenue
CITY-ST-ZIP	~~STUART FL 34994~~	3.4 CITY-ST-ZIP	Stuart, FL. 34996
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	GEISINGER, RICHARD	4.2 NAME	
STREET ADDRESS	2363 E. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: B. Case Barbara A. Case 1/18/95 407-287-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070542