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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N15565 (7)

1. Corporation Name

ARTS ALLIANCE OF NASSAU COUNTY, INC.

Principal Place of Business

P.O. BOX 1105  
FERNANDINA BEACH FL 32035  
US

Mailing Address

P.O. BOX 1105  
FERNANDINA BEACH FL 32035-1105  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/23/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2695800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

MATTHEWS, CATHERINE H.  
1813 AMELIA AVE.  
FERNANDINA BEACH FL 32034

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MATTHEWS, CATHERINE H  
STREET ADDRESS 1813 AMELIA AVE.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE T ☒ DELETE

NAME CRAVEN, MICHAEL  
STREET ADDRESS 2203 FLORIDA AVE.  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☒ DELETE

NAME MCKEE, TIM  
STREET ADDRESS P.O. BOX 222 N/A  
CITY-ST-ZIP FERNANDINA BEACH FL 32035

TITLE D ☒ DELETE

NAME FREDERICK, BONNIE  
STREET ADDRESS 3420 FIDDLERS BEND  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE D ☒ DELETE

NAME CURTIN, CARA  
STREET ADDRESS 310 ASH STREET  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE D ☒ DELETE

NAME BEAN, JOAN  
STREET ADDRESS 141 N 15TH STREET  
CITY-ST-ZIP FERNANDINA BEACH FL

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Catherine H. Matthews  
1.3 STREET ADDRESS 1813 Amelia Avenue  
1.4 CITY-ST-ZIP Fernandina Beach, FL 32034

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Beano Roberts  
2.3 STREET ADDRESS 333 N. Fletcher Avenue  
2.4 CITY-ST-ZIP Fernandina Beach, FL 32034

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Dickie Dunn  
3.3 STREET ADDRESS 4017 Heathpoint Lane  
3.4 CITY-ST-ZIP Fernandina Beach, FL 32034

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Anne Waite  
4.3 STREET ADDRESS 109 Cormorant Court  
4.4 CITY-ST-ZIP Fernandina Beach, FL 32034

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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.

(904)

CR2E037 (9/96)