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Jun 10 1997 8:00am

( Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N21690 (5)

1. Corporation Name

FLORIDA SUNCOAST WATERCOLOR SOCIETY, INC.

Principal Place of Business

MANATEE ART LEAGUE  
209 NINTH ST WEST  
BRADENTON FL 34806  
US

Mailing Address

3406 WILDERNESS BLVD. E.  
PARRISH FL 34219-8031  
US

3. Date Incorporated or Qualified  
07/24/1987

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0119658

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

PIETERS, GEORGE ANN  
3406 WILDERNESS BLVD. E.  
PARRISH FL 34219

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME FRIEDLI, JAMIE  
STREET ADDRESS 2341 TANGERINE DR.  
CITY-ST-ZIP SARASOTA FL 34239

TITLE VD ☐ DELETE  
NAME BEK-GRAN, HERMAN  
STREET ADDRESS 740 SEMINOLE DR. E.  
CITY-ST-ZIP VENICE FL 34293

TITLE VD ☐ DELETE  
NAME HAWKINS, NANCY FISH  
STREET ADDRESS 2782 71ST ST. CT. W.  
CITY-ST-ZIP BRADENTON FL 34209-5324

TITLE SD ☐ DELETE  
NAME CARUSO, CYNTHIA  
STREET ADDRESS 318 MONTGOMERY AVE.  
CITY-ST-ZIP SARASOTA FL 34243

TITLE SD ☐ DELETE  
NAME POWEL, VIRGINIA  
STREET ADDRESS 522 BAY VIEW DR.  
CITY-ST-ZIP HOLMES BCH. FL 34217

TITLE TD ☒ DELETE  
NAME GORRIE, BRENNAN  
STREET ADDRESS 9330 CLUBSIDE CR., UNIT 3301  
CITY-ST-ZIP SARASOTA FL 34238

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 TD PIETERS, GEORGE ANN  
6.3 STREET ADDRESS 3406 WILDERNESS BLVD. E.  
6.4 CITY-ST-ZIP PARRISH FL 34219

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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/97 941-776-1887

CR2E037 (9/96)