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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N21690

1. Corporation Name

FLORIDA SUNCOAST WATERCOLOR SOCIETY, INC.

Principal Place of Business
MANATEE ART LEAGUE

209 NINTH ST WEST BRADENTON FL 34205 Mailing Address

3406 WILDERNESS BLVD. E. PARRISH FL 34219

US

FILED Mar 17, 1999 8:00 am Secretary of State

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	lace of Business	2a. Mailing Address	()	5. Date incorporated of Qualified	Ī		
21 MANA	itee Art League	26 VenA JAC	·kson	07/24/1987			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- / 01	4. FEI Number	Applied For		
22 259	Ninth St. W.	27 4425 Bent	IREE BI	Vd 65-0119858	Not Applicable		
City & State	Senton FL.	28 SARASO+A	FL,	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
24 3420	D.S [25] US A	29 34241 30	J USA	Trust Fund Contribution	Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent		
			81 Name	VELMA JACKSON			
PIETERS, GEORGE ANN			82 Street Address (P.O. Box Number is Not Acceptable)				
	DERNESS BLVD. E.		83	4425 Bent TREE B	/ <u>v a · </u>		
Parrish	PARRISH FL 34219						
				SARASOTA FL			
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							
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth ons of, Section 617.0503, Florida	iorized by the corpo a Statutes.	oration's board of directors. Thereby accept the appo	intillent as registered		
	4/2/2000	<i>"</i>	casure	n Mar. 13	1999		
SIGNATURE	Signature, typed or printed name of registered agent a		gistered Agent signature r	equired when reinstating)DATE /	<u></u>		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AI			
TITLE	VD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition		
NAME	CLARK, JACQUELINE		1 2 NAME				
STREET ADDRESS	102 14TH ST E		13 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34208	_	1.4 CITY-ST-ZIP				
TITLE	PD	≥ D Ge EIE	2 1 TITLE		Change Addition		
NAME	BEK-GRAN, HERMAN	Remain	2.2 NAME	Rousi's			
STREET ADORESS	740 SEMINOLE DR. E.		23 STREET ADDRESS				
CITY-ST-ZIP	VENICE FL 34293		2 4 CITY-ST-ZIP				
TITLE	VD	☐ DELETÉ	3 1 TITLE		☐ Change ☐ Addition		
NAME	ACKERMAN, ARLENE		3.2 NAME				
STREET ADDRESS			33STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34240		3.4 CITY+ST-ZIP		_		
TITLE	SD	DELETE	41TITLE S	Secretary - Recording	☑ Change ☐ Addition		
NAME	MORSE, JUNE		4 2 NAME	Phyllis BEK-GRAN			
STREET ADDRESS	562 RANGER LN		4.3 STREET ADDRESS	Secretary - Recording Phyllis Bek-GRAN 740 Seminoje Dr. F			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CITY-ST-ZIP	Venice. Fh. 34293			
TITLE	SD	DELETE	5 1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition		
NAME	LEVIN. RUTH		52 NAME				
STREET ADDRESS	7145 FAIRWAY BEND CIR		53 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		5 4 CITY- ST- ZIP				
TITLE	TO	DELETE	61 TITLE	TREASURER	Change Addition		
NAME	'-		62 NAME	TREASURER Velma JACKSON			
	GEORGEANN, PIETERS		6.3 STREET ADDRESS	101			
STREET ADDRESS	3406 WILDERNESS BLVD. E.		64 CITY-ST-ZIP	SARASOTA, FL. 34241			
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14. 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, with all other like empowered.

SIGNATURE:

CHANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99 941-379-6420

CR2E037 (11/98)