

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90337 039 ****61.25

0093680

DOCUMENT # N21690

1. Entity Name

FLORIDA SUNCOAST WATERCOLOR SOCIETY, INC.



Principal Place of Business

Mailing Address

**MANATEE ART LEAGUE
209 NINTH ST WEST
BRADENTON FL 34205
US**

**SHARON CURTIS
10611 MARIANNE LANE
NEW PORT RICHEY FL 34654
US**

11035962



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0119858**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, SHARON
10611 MARIANNE LANE
NEW PORT RICHEY FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HARPER, LOIS**
STREET ADDRESS **4208 MARLIN LANE**
CITY-ST-ZIP **PALMETTO FL 34221-5601**

TITLE **PD** ☒ Change ☐ Addition
NAME **Teller, Douglas**
STREET ADDRESS **5719 Merrimac Dr.**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **T** ☐ Delete
NAME **CURTIS, SHARON**
STREET ADDRESS **10611 MARIANNE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **1VPD** ☒ Delete
NAME **TELLER, DOUG**
STREET ADDRESS **5719 MERRIMAC DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **1VP** ☒ Change ☐ Addition
NAME **Morse, June**
STREET ADDRESS **622 Ranger Lane**
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE **2VPD** ☒ Delete
NAME **MORSE, JUNE**
STREET ADDRESS **622 RANGER LN**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DOUGHERTY, CAROLE**
STREET ADDRESS **3203 SWEETLEAF TERR.**
CITY-ST-ZIP **MOUNT LAUREL NJ 08054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Curtis **Sharon Curtis**

4/27/03 727-863-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)