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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 31 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24888

(2)

1. Corporation Name

THE CENTER OF MODERN ART, INC.

Principal Place of Business

Mailing Address

7622 SW 53RD PL
GAINESVILLE FL 32608

7622 SW 53RD PL
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1988

3a. Date of Last Report

07/01/1994

4. FEI Number

59-2874184

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1906 SW 48TH AVE

26 1906 SW 48TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 GAINESVILLE FLA

28 GAINESVILLE FLA

Zip

Country

Zip

Country

24 32608

25 ALACHUA

29 32608

30 ALACHUA

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

ROE, SHARON J.
7622 SW 53RD PL
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

WILLIAMSON, DEBBIE

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

1906 SW 48TH AVE

83

84 City

GAINESVILLE

FL

85

Zip Code

32608

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

Debbie Williamson

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

(NOTE: Registered Agent signature required when re-registering)

1/25/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETTIGREW, SHERRIE
STREET ADDRESS 5417 SW 77TH TERR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE TD
NAME ROE, SHERRY
STREET ADDRESS 7622 SW 53RD PL
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VD
NAME ZIMOWSKA, GRAZYNA
STREET ADDRESS 6825 NW 52ND TERR.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE SD
NAME HEALY, SHAUN
STREET ADDRESS 5417 SW 77TH TERR.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ZIMOWSKA, GRAZYNA
1.3 STREET ADDRESS 6825 NW 52ND TERR
1.4 CITY-ST-ZIP GAINESVILLE FLA 32608

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME WILLIAMSON, DEBBIE
2.3 STREET ADDRESS 1906 SW 48TH AVE
2.4 CITY-ST-ZIP GAINESVILLE FLA 32608

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME HEALY, SHAUN
3.3 STREET ADDRESS 5417 SW 77TH TERR
3.4 CITY-ST-ZIP GAINESVILLE FLA 32608

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME WEST, ELLEN
4.3 STREET ADDRESS 2229 SW 56TH AVE
4.4 CITY-ST-ZIP GAINESVILLE FLA 32608

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

2/3

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 110.07(9)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Debbie Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/95

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