


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24888 (2) 1. Corporation Name THE CENTER OF MODERN ART, INC.			
Principal Place of Business 1906 SW 48TH AVE GAINESVILLE FL 32608		Mailing Address 1906 SW 48TH AVE GAINESVILLE FL 32608-3931	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent WILLIAMSON, DEBBIE 1906 SW 48TH AVE GAINESVILLE FL 32608		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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 _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TO WILLIAMSON, DEBBIE		1.2 NAME West, Ellen	
STREET ADDRESS 1906 SW 48TH AVE		1.3 STREET ADDRESS 2229 SW 56th Ave	
CITY-ST-ZIP GAINESVILLE FL 32608		1.4 CITY-ST-ZIP Gainesville FL 32608	
TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SD WEST, ELLEN		2.2 NAME Godey, Michael	
STREET ADDRESS 2229 SW 56TH AVE		2.3 STREET ADDRESS 4303 NW 166th Ave	
CITY-ST-ZIP GAINESVILLE FL 32608		2.4 CITY-ST-ZIP Gainesville, FL 32606	
TITLE <input checked="" type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PD ZIMOWSKA, GRAZYNA		3.2 NAME Mason, Junia	
STREET ADDRESS 6825 NW 52ND TERR.		3.3 STREET ADDRESS P.O. Box 5542	
CITY-ST-ZIP GAINESVILLE FL 32608		3.4 CITY-ST-ZIP Gainesville, FL 32602	
TITLE <input checked="" type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VD HEALY, SHAUN		4.2 NAME	
STREET ADDRESS 5417 SW 77TH TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32608		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.			
SIGNATURE: Debbie Williamson (Debbie Williamson) 4/19/97 352/468-1457			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)