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95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26694** **(2)**

1. Corporation Name

CHRISTOPHER D. AND ELKA P. NORTON FOUNDATION FOR THE ARTS, INC.

Principal Place of Business	Mailing Address
11080 SE DIXIE HWY HOBE SOUND FL 33455	11080 SE DIXIE HWY HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0063756** ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

CONWAY, NORMA C.
9 BAMBOO LANE
JUPITER FL 33458

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 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NORTON, ELKA P.	12 NAME	
STREET ADDRESS	18444 SE HERITAGE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	SCHRECENGOST, FAYE	22 NAME	
STREET ADDRESS	9975 169TH COURT	23 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	24 CITY ST ZIP	
TITLE	DC	31 TITLE	☐ Change ☐ Addition
NAME	DENNING, ROBERT A.	32 NAME	
STREET ADDRESS	11080 SE DIXIE HWY	33 STREET ADDRESS	
CITY ST ZIP	HOBE SOUND FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CONWAY, NORMA C.	42 NAME	
STREET ADDRESS	9 BAMBOO LANE	43 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KNOWLES, DONALD	52 NAME	
STREET ADDRESS	RR #2, BOX 254	53 STREET ADDRESS	
CITY ST ZIP	ELLSWORTH ME	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ORAHAM, VICTOR K.,	62 NAME	
STREET ADDRESS	11911 TIFFANY WAY SE	63 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL 33469	64 CITY ST ZIP	

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 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: Norma C. Conway 4/25/95 (407) 546-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Norma C. Conway, Director

000018