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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33455-5114**3. Date Incorporated or Qualified
05/31/19883a. Date of Last Report
04/30/19964. FEI Number
65-0063756Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**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 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONWAY, NORMA C.
9 BAMBOO LANE
JUPITER FL 33458**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **NORTON, ELKA P.**
STREET ADDRESS **18444 SE HERITAGE DRIVE**
CITY-ST-ZIP **TEQUESTA FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **DVP** ☐ DELETE
NAME **SCHRECENGOST, FAYE**
STREET ADDRESS **9975 169TH COURT**
CITY-ST-ZIP **JUPITER FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **DC** ☐ DELETE
NAME **DENNING, ROBERT A.**
STREET ADDRESS **11080 SE DIXIE HWY**
CITY-ST-ZIP **HOBE SOUND FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **CONWAY, NORMA C.**
STREET ADDRESS **9 BAMBOO LANE**
CITY-ST-ZIP **JUPITER FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **DP** ☐ DELETE
NAME **ORAHAM, VICTOR K**
STREET ADDRESS **11911 TIFFANY WAY SE**
CITY-ST-ZIP **TEQUESTA FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☒ DELETE
NAME **ORAHAM, VICTOR K.,**
STREET ADDRESS **11911 TIFFANY WAY SE**
CITY-ST-ZIP **TEQUESTA FL 33469**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Norma C. Conway 4/15/97 (561) 546-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043405

CR2E037 (9/96)