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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:23

DOCUMENT # N28774 (0)

1. Corporation Name
CULTURAL ARTS SOCIETY OF LEESBURG, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6990 SUNNYSIDE DR<br>LEESBURG FL 34748<br>US | P.O. BOX 492857<br>LEESBURG FL 34749-2857<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: 58-1830071 ☐ 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 1514 N. Lakeview Ave. | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Leesburg Fl | 28 City & State |
| 24 Zip: 34748 25 Country: USA | 29 Zip 30 Country |

9. Name and Address of Current Registered Agent

BJORN, JUDY
2727 WEST MAIN STREET
LEESBURG FL 34748

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 | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BJORN, JUDY | 1.2 NAME | |
| STREET ADDRESS | 2727 W MAIN ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLACKMON, CHET | 2.2 NAME | |
| STREET ADDRESS | 311 W MAGNOLIA AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MEULER, GLORIA | 3.2 NAME | |
| STREET ADDRESS | 16717 E SHIRLEY SHORES RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAVARES FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | KAUFFMAN, JOY | 4.2 NAME | |
| STREET ADDRESS | 4315 LAKE ST - HELENA COVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | WATTS, LINDA | 5.2 NAME | |
| STREET ADDRESS | 1514 N LAKEVIEW AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | STILES, NONA | 6.2 NAME | |
| STREET ADDRESS | 33719 PICCIOLA DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FRUITLAND PARK FL | 6.4 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:** Linda Watts - LINDA WATTS 1-13-95 904-787-0000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0009265