

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N28774** (0)
1. Corporation Name
CULTURAL ARTS SOCIETY OF LEESBURG, INC.



Principal Place of Business 1514 N LAKEVIEW AVE. LEESBURG FL 34748 US	Mailing Address P.O. BOX 492857 LEESBURG FL 34749-2857 US
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 01/20/1995
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 58-1830071	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	RIGHT, JOY
82 Street Address (P.O. Box Number is Not Acceptable)	4315 LAKE ST - HELENA COVE
83	
84 City	Leesburg
85 FL	34748

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 *Joy Right*

JOY RIGHT - PRESIDENT

1-23-96

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	PD	1.1 TITLE	5 D
NAME	BJORN, JUDY	1.2 NAME	Buchanan, Bonnie
STREET ADDRESS	2727 W MAIN ST	1.3 STREET ADDRESS	920 Cedar Circle
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	Tavares, FL 32778
TITLE	D	2.1 TITLE	
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	
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	P
NAME	KAUFFMAN, JOY	4.2 NAME	RIGHT, JOY
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	TC
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	VP
NAME	STILES, NONA	6.2 NAME	
STREET ADDRESS	33719 PICCIOLA DR	6.3 STREET ADDRESS	1102 S. 9th St.
CITY - ST - ZIP	FRUITLAND PARK FL	6.4 CITY - ST - ZIP	Leesburg, FL 34748

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)(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 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** 1-23-96 352-326-4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)