


FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N40801</b> 1. Corporation Name <b>SOUTHSIDE CULTURAL ARTS INSTITUTE</b> <b>2207 RALEIGH STREET</b> <b>HOLLYWOOD, FLORIDA 33020</b>			
Principal Place of Business <b>2207 RALEIGH STREET</b> <b>HOLLYWOOD, FLORIDA 33020</b>		Mailing Address <b>2207 RALEIGH STREET</b> <b>HOLLYWOOD, FLORIDA 33020</b>	
2. Principal Place of Business 21 <b>2207 Raleigh Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hollywood, Florida</b> Zip Country 24 <b>33020 USA</b>		2a. Mailing Address 26 <b>2207 Raleigh Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hollywood, Florida</b> Zip Country 29 <b>33020 USA</b>	
3. Date Incorporated or Qualified <b>November 1, 1990</b>		3a. Date of Last Report <b>May 6, 1996</b>	
4. FEI Number <b>65-0473698</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. 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 <b>GRAHAM, HENRY L. Henry Graham</b> <b>2525 RALEIGH STREET 2525 Raleigh Street</b> <b>Hollywood, Florida 33020</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	TANNER, ALBERTA		
STREET ADDRESS	1960 SHERMAN STREET		
CITY - ST - ZIP	HOLLYWOOD, FLORIDA 33020		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	ASH, HELENA		
STREET ADDRESS	2321 FORREST STREET		
CITY - ST - ZIP	HOLLYWOOD, FLORIDA 33020		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MURRAY, JUANITA		
STREET ADDRESS	238 SOUTHWEST 19 STREET		
CITY - ST - ZIP	DANIA, FLORIDA 33004		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GRAHAM, HENRY L.		
STREET ADDRESS	2207 RALEIGH STREET		
CITY - ST - ZIP	HOLLYWOOD, FLORIDA 33020		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Henry L. Graham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date: <b>4/25/97</b> Daytime Phone #: <b>954-921-2371</b>	

CR2E037 (9/96)