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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41277

1. Corporation Name

SOUTH FLORIDA CENTER FOR THE ARTS, INC.

Principal Place of Business

Mailing Address

~~1 BOWEN DRIVE~~
 KEY LARGO FL 33037
 PO Box 2540
 29 Jolly Roger Dr.

P.O. BOX 2540
 KEY LARGO FL 33037-1532
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/13/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0230427	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip		28. Country		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
24. Zip		29. Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, ROBERT W. ESQUIRE
 4675 PONCE DE LEON BLVD.
 SUITE 305
 CORAL GABLES FL 33146

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, BROWNIE	1.2 NAME	
STREET ADDRESS	412 3 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, BEVERLY	2.2 NAME	
STREET ADDRESS	233 BUTTONWOOD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, LINDA	3.2 NAME	
STREET ADDRESS	80100 OLD HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JELSEMA, JACK	4.2 NAME	
STREET ADDRESS	19 JOLLY ROGER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	4.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SUSIE	5.2 NAME	
STREET ADDRESS	1 HARBOR SHORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	5.4 CITY-ST-ZIP	
TITLE	BC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUNSBURY, PAULA	6.2 NAME	
STREET ADDRESS	1123 GRAND ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BALLARD** 3/1/99 305-453-4224
DATE DAYTIME PHONE #

CR2E037 (1/1/98)