## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1998 8:00am

## Sandra B. Mortham

	Secretary of State Division of Corporations		Secretary of State		
DOCUMENT # N45649 (3)					
AGENCY FOR THE ARTS, INC.					
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Principal Place of Business Malling Address					Biost Bioth Bioth Bioth Brist 1987
32 MARINE STREET 32 MARINE STREET				3. Date incorporated or Qualified	
ST. AUGUSTINE FL 32084-4439 ST. AUGUSTINE F			39	10/16/1991	
				4. FEI Number 59-3089443	Applied For Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
21 22 24 Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	<b>Zip</b>	Country	8. This corporation owes or has paid the	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registere	id Agent
WHITE, FREDERICK			82 Sir@eteAcids	ess ( Box Number is Not Acceptable)	de Contra
32 MARINE STREET ST. AUGUSTINE FL 32084			83 01 1	- ronte veara rar	K Drive
01. AUGUSTINE 1 E SEUGY					leal are Ondo On a
"PonteVedra Beach FL " 3288					
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.					
agent i a SIGNATURE	m ramiliar with, and accept the onlig	ations of, Section 617.0003, Fibri	ga statutes.		
	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: I ID DIRECTORS	Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICEIS A	Change Addition
NAME	WHITE, FREDERICK		1.2 NAME		
STREET ADDRESS	32 MARINE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	- December	1.4 CITY-ST-ZIP		The same
TITLE	D Jeffers, Euzabeth	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	109 ELM STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MARBLEHEAD MA		2.4 CITY-ST-ZIP		
TITLE	DST	DELETE	3.1 TITLE		Change Addition
NAME	GATES, ROBERT		3.2 NAME		
STREET ADDRESS	109 ELM STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARBLEHEAD MA	☐ DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME		Li change Li Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP		I Driette	54 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
		<del></del>			

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 proof 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 chapter 617, put an attachment with an address,