## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 23, 2003 8:00 am Secretary of State **DOCUMENT # N45649** 04-23-2003 90124 033 \*\*\*\*61.25 1. Entity Name AGENCY FOR THE ARTS, INC. Principal Place of Business Mailing Address 32 MARINE STREET 32 MARINE STREET ST. AUGUSTINE FL 32084-4439 ST. AUGUSTINE FL 32084-4439 world him in 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 59-3089443 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required マンジン 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 217 PONTE VEDRA PARK DR PONTE VEDRA BEACH FL 32082 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE WHITE, FREDERICK NAME NAME 32 MARINE ST STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITI F ☐ Delete JEFFERS, ELIZABETH NAME NAME POND ST 414 LOBINA AVE STREET ADDRESS STREET ADDRESS arblehead, MA SALEM MA-CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F TITLE ☐ Delete GATES, ROBERT NAME NAME 414 LORINA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SALEM MA CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is supplemental 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 repeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachine with all address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE

NAME

STREET ADDRESS CITY-ST-ZIP

FILED