

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47990

(9)

1. Corporation Name

CULTURAL ARTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**RT 2 BOX 5160
SEAGROVE BEACH FL 32459**

**RT 2 BOX 5160
SEAGROVE BEACH FL 32459**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3130514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, SUSAN

RT 2 BOX 5160

SEAGROVE BEACH FL 32459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

FOSTER, SUSAN D

STREET ADDRESS

RT 2 BOX 5160

CITY - ST - ZIP

SEAGROVE BEACH FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

CLARKE, JAN

STREET ADDRESS

RT 2 BOX 7360

CITY - ST - ZIP

SANTA ROSA BEACH FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

S

NAME

ELLIS, LEE

STREET ADDRESS

RT 2, BOX 3126

CITY - ST - ZIP

SANTA ROSA BEACH FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

T

NAME

POSEY, LARRY

STREET ADDRESS

5134 LAKEVIEW DR

CITY - ST - ZIP

DESTIN FL

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

PR

NAME

TAYLOR, KITTY

STREET ADDRESS

RT 2 BOX 7095

CITY - ST - ZIP

SANTA ROSA BCH FL

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

AO

NAME

BUZZETT, KELLY

STREET ADDRESS

411 OAKLAND AVE

CITY - ST - ZIP

TALLAHASSEE FL

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY M. POSEY

4/18/95

904/882-4305

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