

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47990 (9)

1. Corporation Name

CULTURAL ARTS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
03/18/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FOSTER, SUSAN D**
STREET ADDRESS **RT 2 BOX 5160**
CITY - ST - ZIP **SEAGROVE BEACH FL**

TITLE **D** ☐ DELETE
NAME **CLARKE, JAN**
STREET ADDRESS **RT 2 BOX 7360**
CITY - ST - ZIP **SANTA ROSA BEACH FL**

TITLE **S** ☒ DELETE
NAME **ELLIS, LEE**
STREET ADDRESS **RT 2, BOX 3126**
CITY - ST - ZIP **SANTA ROSA BEACH FL**

TITLE **T** ☒ DELETE
NAME **POSEY, LARRY**
STREET ADDRESS **5134 LAKEVIEW DR**
CITY - ST - ZIP **DESTIN FL**

TITLE **PR** ☒ DELETE
NAME **TAYLOR, KITTY**
STREET ADDRESS **RT 2 BOX 7095**
CITY - ST - ZIP **SANTA ROSA BCH FL**

TITLE **AO** ☒ DELETE
NAME **BUZZETT, KELLY**
STREET ADDRESS **411 OAKLAND AVE**
CITY - ST - ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S CHILDERS ELLEN**
3.3 STREET ADDRESS **613 EDEN DR.**
3.4 CITY - ST - ZIP **POINT WASHINGTON FL 32459**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DEBORAH B EBERHART**
4.3 STREET ADDRESS **1719 So. CTY. Hwy 393**
4.4 CITY - ST - ZIP **SANTA ROSA BCH, FL. 32457**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D HAZELTON, SHARON**
6.3 STREET ADDRESS **9815 HWY 98**
6.4 CITY - ST - ZIP **DESTIN, FL. 32540**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Deborah B Eberhart, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96
Date

904-267-1518
Daytime Phone #

CR2E037 (12/95)