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FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup,
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 324593. Date Incorporated or Qualified
03/18/19923a. Date of Last Report
04/29/19962. Principal Place of Business
21 P. O. Box 49582a. Mailing Address
26 P. O. Box 49584. FEI Number
59-3130514Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required22 City & State
23 Santa Rosa Bch., FL27 City & State
28 Santa Rosa Bch., FL6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 32459 25 Country USA

29 Zip 32459 30 Country USA

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

9. Name and Address of Current Registered Agent

FOSTER, SUSAN
RT 2 BOX 5160
SEAGROVE BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
Roy Dollar
82 Street Address (P.O. Box Number is Not Acceptable)
4415 E. Hwy. 30-A83
84 City Seagrove Beach FL 85 Zip Code 32459

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 *Roy Dollar*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FOSTER, SUSAN D
STREET ADDRESS RT 2 BOX 5160
CITY-ST-ZIP SEAGROVE BEACH FLTITLE D ☒ DELETE
NAME CLARKE, JAN
STREET ADDRESS RT 2 BOX 7360
CITY-ST-ZIP SANTA ROSA BEACH FLTITLE S ☐ DELETE
NAME CHILDERS, ELLEN
STREET ADDRESS 613 EDEND RIVE
CITY-ST-ZIP POINT WASHINGTON FLTITLE T ☐ DELETE
NAME EBERHART, DEBORAH
STREET ADDRESS 1719 SOUTH CITY HWY 393
CITY-ST-ZIP SANTA ROSA BEACH FLTITLE D ☒ DELETE
NAME HAZELTON, SHARON
STREET ADDRESS 9815 HWY 98
CITY-ST-ZIP DESTIN FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Roy Dollar
1.3 STREET ADDRESS 4415 E. Hwy. 30-A
1.4 CITY-ST-ZIP Seagrove Beach, FL. 324592.1 TITLE VP/D ☐ Change ☒ Addition
2.2 NAME Penny Dragonette
2.3 STREET ADDRESS P. O. Box 4908
2.4 CITY-ST-ZIP Santa Rosa Beach, FL. 32459 "N/A"3.1 TITLE VP/D ☐ Change ☒ Addition
3.2 NAME Randy Harelson
3.3 STREET ADDRESS 4808 E. Hwy. 30-A
3.4 CITY-ST-ZIP Seagrove Beach, FL. 324594.1 TITLE CS ☐ Change ☐ Addition
4.2 NAME Deborah Eberhart
4.3 STREET ADDRESS 1719 So. City Hwy. 393
4.4 CITY-ST-ZIP Santa Rosa Beach, FL. 324595.1 TITLE T ☐ Change ☒ Addition
5.2 NAME M. Elizabeth Mustachio
5.3 STREET ADDRESS 2668 E. Hwy. 30-A
5.4 CITY-ST-ZIP Santa Rosa Beach, FL. 324596.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *M. Elizabeth Mustachio*
M. Elizabeth Mustachio, Treasurer

2-11-97 904-231-5030

Date Daytime Phone # 0077579

CR2E037 (9/96)