

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 024 ****61.25

DOCUMENT # N47990

1. Corporation Name

CULTURAL ARTS ASSOCIATION, INC.

Principal Place of Business

P.O BOX 4958
SANTA ROSA BCH FL 32459
US

Mailing Address

P.O BOX 4958
SANTA ROSA BCH FL 32459
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	- 03/18/1992		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	59-3130514		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing				
<input type="checkbox"/> \$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC GEE, KAREN
383 LAKEVIEW DRIVE
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

7/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MC GEE, KAREN 383 LAKEVIEW DRIVE SEAGROVE BEACH FL 32459	1.1 TITLE	President Joe Stanko Box 9010-122 SANTA ROSA BEACH, FL 32459
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD KOLKO, ESTHER 11 BOARDWALK LN #50 SANTA ROSA BEACH FL 32459	2.1 TITLE	VICE-PRESIDENT LISA RUBY 81 MAGNOLIA SANTA ROSA BEACH, FL 32459
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S SHARP, MAXINE 4042 E HWY 30-A SEAGROVE BEACH FL 32459	3.1 TITLE	SECRETARY KRIS CHAVEZ 809 MAGNOLIA SHORES DR. NICEVILLE, FL 32578
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CS EBERHART, DEBORAH 1719 SOUTH CITY HWY 393 SANTA ROSA BEACH FL	4.1 TITLE	TREASURER PAMALA HUNDLEY 187 CAMPCREEK RD. S. PANAMA CITY BEACH, FL 32413
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T MUSTACHIO, M. ELIZABETH 2668 E HWY 30-A SANTA ROSA BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD HARELSON, RANDY 4808 E HWY 30-A SEAGROVE BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/99

CR2E037 (5/99)