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

FILED
03 DEC 30 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47990

1. Entity Name
CULTURAL ARTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O BOX 4958 SANTA ROSA BCH, FL 32459 US	P.O BOX 4958 SANTA ROSA BCH, FL 32459 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3130514** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABBITT, J B 64 BETTY STREET SANTA ROSA BEACH, FL 32459	Name: KATHLEEN M. SYKO Street Address (P.O. Box Number is Not Acceptable): 692 FOREST SHORE DR. City: DESTIN FL Zip Code: 32550

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 x Kathleen M Syko — 12/19/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

100025847471
12/30/03--01023--007 **61.25

FILE NOW. FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: PARSONNET, SUE STREET ADDRESS: P.O. BOX 4718 CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	☑ Delete	TITLE: V NAME: KEVIN BOWYER STREET ADDRESS: 266 LEANING PINES LOOP CITY-ST-ZIP: DESTIN, FL 32541	☐ Change ☑ Addition
TITLE: D NAME: INGRAM, JAKE STREET ADDRESS: 107 E BERMUDA DR CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	☑ Delete	TITLE: S NAME: SAVANNAH HESTER STREET ADDRESS: 1341 TREASURE COVE CITY-ST-ZIP: BLUEWATER BAY, FL 32578	☐ Change ☑ Addition
TITLE: S NAME: SYKO, KATY STREET ADDRESS: 9100 BAYTOWN WHARF BLVD CITY-ST-ZIP: SANDESTIN, FL 32550	☑ Delete	TITLE: T NAME: HAL LENCH STREET ADDRESS: 246 SEABREEZE CIRCLE CITY-ST-ZIP: Panama City Beach, FL 32413	☐ Change ☑ Addition
TITLE: T NAME: HUNDLEY, PAMELA STREET ADDRESS: 187 CAMPCREEK RD S CITY-ST-ZIP: PANAMA CITY, FL 32413	☑ Delete	TITLE: D NAME: PAMELA HUNDLEY STREET ADDRESS: 187 CAMPCREEK RD. South CITY-ST-ZIP: Panama CITY BEACH, FL 32413	☑ Change ☐ Addition
TITLE: D NAME: WENRICK, DENNIS STREET ADDRESS: 122 NIKKI CIRCLE CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	☑ Delete	TITLE: D NAME: CHARLES HOLT STREET ADDRESS: 3245 E. HWY 30-A CITY-ST-ZIP: SEA GROVE BEACH, FL 32459	☐ Change ☑ Addition
TITLE: P NAME: ABBIT, JACK STREET ADDRESS: 64 BETTY ST CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	☑ Delete	TITLE: D NAME: TOM RICE STREET ADDRESS: 4557 WOOD WIND DR CITY-ST-ZIP: DESTIN, FL 32541	☐ Change ☑ Addition

12. 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 report or 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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: Hal Lench — HAL LENCH TREASURER — 11/19/03 — (850) 231-3437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)