2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47990

FILED Jul 06, 2005 Secretary of State

Entity Name: CULTURAL ARTS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
P.O BOX 4 SANTA RO	4958 OSA BCH, FL 32459 US	
Current M	lailing Address:	New Mailing Address:
P.O BOX 4 SANTA RO	4958 OSA BCH, FL 32459 US	
	: 59-3130514 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of Status Desired () at receive the prior notice.
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	THLEEN M EST SHORE DR FL 32550 US	VON HOENE, SUSAN 31 WHISPERING PINES SANTA ROSA BEACH, FL 32459 US
	e named entity submits this statement for the pe of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATU	RE: SUSAN VON HOENE	07/06/2005
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	V () Delete BOWYER, KEVIN 266 LEANING PINES LOOP DESTIN, FL 32541	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete HESTER, SAVANNAH 1341 TREASURE COVE BLUEWATER BAY, FL 32578	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete LENCH, HAL 246 SEABREEZE CIRCLE PANAMA CITY BEACH, FL 32443	Title: T (X) Change () Addition Name: FAVRE, FORD Address: 14060 EMERALD COAST PKWY City-St-Zip: DESTIN, FL 32541
Title: Name: Address: City-St-Zip:	D () Delete HUNDLEY, PAMELA 187 CAMPCREEK RD S PANAMA CITY, FL 32413	Title: D (X) Change () Addition Name: CULLING, GALE Address: 2668 EAST CO. HWY 30-A City-St-Zip: SANTA ROSA BEACH, FL 32459
Title: Name: Address:	D () Delete ABBIT, JACK 64 BETTY STREET SANTA ROSA BEACH, FL 32459	Title: D (X) Change () Addition Name: HUNDLEY, PAM Address: 187 CAMP CREEK ROAD SOUTH City-St-Zip: PANAMA CITY BEACH, FL 32413
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA COX ED 07/06/2005