## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2006 8:00 am Secretary of State

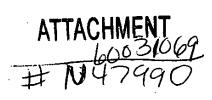
1. Entity Nam	MENT # N4/990 PAL ARTS ASSOCIATION, IN			1	04-28-2006	90211 008 ***	**61.25	
P.O BOX 495	ce of Business 58 A BCH, FL 32459 US	Mailing Address P.O BOX 4958 SANTA ROSA BCH, FL	32459 US		1 (5 8 1/1 8 1 8 1 1 8 1			AII BYEINAI BE 1831
2. Principal Place of Business 3. Ma		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262006	Chg-NP	CR2E037 (11/	05)
City & Stat	e	City & State			4. FEI Number 59-31305	514		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired  \$8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent	Nom		7. Name and A	ddress of New I	Registered Agent	
VON HOENE, SUSAN				Name				
31 WHISPERING PINES SANTA ROSA BEACH, FL 32459			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip	Code
8 The above	a named entity submits this statement for	the purpose of changing its	registered offic	e or registerer	d agent, or both	in the State of F		with and accent
	tions of registered agent.	por post or oranging m		/ - 5	- <b> </b>			,
0.00.00								
SIGNATURE	Signature, typed or printed name of registered agent are	nd tille if applicable. (NOT	E: Registered Agent s	gnature required wi	hen reinstating)		DATE	
SIGNATURE		9. Election Car	E: Registered Agent si mpaign Financin Contribution.	9 <b></b>	hen reinstating)  55.00 May Be added to Fees		DATE  Make check paya  prida Department	
10.	Signature, typed or printed name of registered agent are Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Cal Trust Fund (	mpaign Financir Contribution.	9	55.00 May Be	Fio	Make check paya orida Department ERS AND DIRECTO	of State RS IN 10
	Signature, typed or printed name of registered agent are Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE V BOWYER, KEVIN 266 LEANING PINES LOOP	9. Election Cal Trust Fund (	mpaign Financin Contribution.	g D AC Rod	55.00 May Be idded to Fees Dittions/CHAN	FIO IGES TO OFFICE 158	Make check paya orida Department ERS AND DIRECTO	of State RS IN 10 ange Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent are Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE V BOWYER, KEVIN 266 LEANING PINES LOOP DESTIN, FL 32541 S	9. Election Cal Trust Fund (	mpaign Financin Contribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	D Rod P.O. Sant	55.00 May Be added to Fees Dittions/CHAN Tindal Box 44	Flooriges to official 1888	Make check paya orida Department ERS AND DIRECTO	of State  RS IN 10 ange Addition
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Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Carderia Cap
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 27 2006

850.6225970



11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN	10
TATLE	D .	☐ Change	X Addition
NAME	Mary Diech		•
STREET ADDRESS	20 Box 4958		
CITY-ST-ZIP	Mary Piech P.O. Box 4958 Santa Rosa Beh, Fl 3°	2459	
TITLE	D	☐ Change	<b>X</b> Addition
NAME	Mayor Williams		•
STREET ADDRESS	Mayra Williams P.O. Box 4958		
CITY-ST-ZIP	Santa Rosa Ben, Fl 3:	2459	
TITLE	P	☐ Change	Addition
NAME	Susan Von Hoene		•
STREET ADDRESS	31 Whisperina Pines		
CITY-ST-ZIP	31 Whispering Pines Santa Rosa Bch. Fl 32	459	
TITLE		Change	Addition
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