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Apr 29, 1999 8:00 am
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U031/UC29

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N48284

1. Corporation Name

SOUTH FLORIDA YOUTH ARTS COUNCIL, INC.

Principal Place of Business
1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309

Mailing Address
1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0327292	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

CAMILLO, JOHN M
1600 WEST COMMERCIAL BLVD
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, PHILIP E.	1.2 NAME	MORGAMAN, PHILIP E.
STREET ADDRESS	1600 W COMMERCIAL BLVD	1.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAMAN, SANDRA ANN	2.2 NAME	STEPHENSON, MARK
STREET ADDRESS	1600 W COMMERCIAL BLVD	2.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN M	3.2 NAME	CAMILLO, JOHN M.
STREET ADDRESS	1600 W COMMERCIAL BLVD	3.3 STREET ADDRESS	221 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUCE, WILLIAM D	4.2 NAME	SPRUCE, WILLIAM D.
STREET ADDRESS	1600 W COMMERCIAL BLVD	4.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GARDNER, DEBORAH S.
STREET ADDRESS		5.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NICHOLS, NEAL
STREET ADDRESS		6.3 STREET ADDRESS	3251 WASHINGTON BLVD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ARLINGTON, VA. 22201

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 REQUIRED

MARK STEPHENSON, PRESIDENT

3/9/99

(954) 493-6565

CR2E037 (11/98)

SOUTH FLORIDA YOUTH ARTS COUNCIL, INC.

ADDITIONAL DIRECTOR:

Title: D
Name: David B. Zugman
Street Address: 4875 N. Federal Hwy.
City-St-Zip: Ft. Lauderdale, Fla. 33308

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