FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N48769** **(6)**

1. Corporation Name

CALADIUM ARTS & CRAFTS COOPERATIVE, INC.

Principal Place of Business	Mailing Address
24 INTERLAKE BLVD LAKE PLACID FL 33852	24 INTERLAKE BLVD LAKE PLACID FL 33852

3. Date Incorporated or Qualified: **05/07/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0339326** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ROBINSON, SUELLEN M.
309 WASHINGTON BLVD.
LAKE PLACID FL 33852

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 607.0502 and 607.0508, 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 607.0505, Florida Statutes.

X SIGNATURE: Suellen M. Robinson
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, SUELLEN M	12 NAME	
STREET ADDRESS	309 WASHINGTON BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	14 CITY-ST-ZIP	
TITLE	PED	21 TITLE	☐ Change ☐ Addition
NAME	SCARBOROUGH, PHYLLIS	22 NAME	
STREET ADDRESS	1868 C.R. 29	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	PORTER, HARRIET R	32 NAME	
STREET ADDRESS	159 DEANNA DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	REIGHING, LEE	42 NAME	
STREET ADDRESS	620 HILL RD.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MILLS, CAROL B	52 NAME	
STREET ADDRESS	213 CATFISH CREEK RD.	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Carol B. Mills Treasurer 4/21/95 813-699-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1R08