FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 24 Interlake Blvd	26 24 Interlake Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake Placid, Fl 33852	28 Lake Placid, FL 33852
24 Zip / 25 Country	29 Zip / 30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Phyllis Scarbrough
82 Street Address (P.O. Box Number is Not Acceptable): 1868 CR 29
83 Lake Placid, FL 33852
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: Phyllis Scarbrough (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 6-1-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Phyllis Scarborough, President	☒ Change ☐ Addition
NAME	ROBINSON, SUELLEN M		1.2 NAME		
STREET ADDRESS	309 WASHINGTON BLVD.		1.3 STREET ADDRESS	1868 CR 29	
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	PED	☐ DELETE	2.1 TITLE	~~Edie McGovern~~	☒ Change ☐ Addition
NAME	SCARBOROUGH, PHYLLIS		2.2 NAME	President Elect	
STREET ADDRESS	1868 C.R. 29		2.3 STREET ADDRESS	3 29 4th Avenue	
CITY-ST-ZIP	LAKE PLACID FL 33852		2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	VPD	☐ DELETE	3.1 TITLE	Hilda Whitmire, Secc.	☒ Change ☐ Addition
NAME	PORTER, HARRIET R		3.2 NAME		
STREET ADDRESS	159 DEANNA DR.		3.3 STREET ADDRESS	177 McCoy Drive	
CITY-ST-ZIP	LAKE PLACID FL 33852		3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	S	☐ DELETE	4.1 TITLE	Virginia Kuhl Treas.	☒ Change ☐ Addition
NAME	REIGHING, LEE		4.2 NAME		
STREET ADDRESS	620 HILL RD.		4.3 STREET ADDRESS	1611 First Street	
CITY-ST-ZIP	LAKE PLACID FL 33852		4.4 CITY-ST-ZIP	Lake Placid, Fl 33852	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, CAROL B		5.2 NAME		
STREET ADDRESS	213 CATFISH CREEK RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	000001869340	☐ Change ☐ Addition
NAME			6.2 NAME	-06/20/96--01031--053	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Phyllis Scarbrough — 4-29-96 — 694-6740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 6/19/96