SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
Jun 02 1997 8:00am
Secretary of State

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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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: ~~EDIE MCGOVERN~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~329=4th Avenue~~
83
84 City: ~~Lake Placid, FL 33852~~ 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: Suellen M. Robinson — May 1 1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, SUELLEN M 309 WASHINGTON BLVD. LAKE PLACID FL 33852	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EDIE MCGOVERN PRESIDENT 329 4th Avenue ~~Lake Placid, Fl 33852~~	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED SCARBOROUGH, PHYLLIS 1868 C.R. 29 LAKE PLACID FL 33852	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Carol Mills-President Elect 213 Catfish Creek Road Lake Placid, Fl 33852	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PORTER, HARRIET R 159 DEANNA DR. LAKE PLACID FL 33852	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Hilda Whitmire-Secretary 177 McCoy Drive Lake Placid, Fl 33852	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REIGHING, LEE 620 HILL RD. LAKE PLACID FL 33852	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Virginia Kuhl- Treasurer 1611 First Street Lake Placid, Fl 33852	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLS, CAROL B 213 CATFISH CREEK RD. LAKE PLACID FL 33852	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400002211354 -06/13/97--01034--024 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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: Suellen M. Robinson — 6/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #