

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Feb 19 1998 8:00 am  
Secretary of State

DOCUMENT # N50867

(3)

1. Corporation Name

~~FOURTH AVENUE CULTURAL ENRICHMENT, INC.~~

Florida Arts & Community Enrichment, Inc.

Principal Place of Business

Mailing Address

325 W PARK AVENUE  
~~300 W PARK AVE~~  
TALLAHASSEE FL 32301  
US

P O BOX 15134  
305-300 W PARK AVE  
TALLAHASSEE FL 32317  
US



3. Date Incorporated or Qualified

09/16/1992

4. FEI Number

59-3152491

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, ROBERT AUGUSTUS JR  
325 W PARK AVENUE  
TALLAHASSEE FL 32301

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VILLACORTA, KATHLEEN  
STREET ADDRESS 501 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE VD  
NAME PAYNE, LAVERNE  
STREET ADDRESS 450 W. FOURTH AVE  
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE TD  
NAME BRADY, M JAYNE  
STREET ADDRESS 3887 STEWART WAY  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE S  
NAME KEPPEL, TRACEY C  
STREET ADDRESS 402 PRINCE ST  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4000002437184 ☐ Change ☐ Addition

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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.

SIGNATURE:

Kathleen Villacorta 2/15-98 850-385-6007  
311B Harper 1/3/98 850-224-8100

CR2E037 (10/97)