

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90072 033 \*\*\*\*61.25

**DOCUMENT # N50867**

1. Entity Name

**FLORIDA ARTS & COMMUNITY ENRICHMENT, INC.**



Principal Place of Business

**325 W PARK AVENUE  
TALLAHASSEE FL 32301  
US**

Mailing Address

**P O BOX 15134  
325 W PARK AVE  
TALLAHASSEE FL 32317  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3152491**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HENLEY, STEVEN**  
STREET ADDRESS **508 GLENVIEW DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **BENTON, ROBERT**  
STREET ADDRESS **1404 GOLF TERRCE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **PORCENA, SUSAN**  
STREET ADDRESS **2271 S. MENDIAN STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Thomas Warren**  
CITY-ST-ZIP **2057 Florida Avenue**

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

TITLE ☒ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Sally McRorie**  
CITY-ST-ZIP **F.S.U.**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **126 Caruthers Bldg.**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Tallahassee, Florida 32306-4480**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
*Signature and typed or printed name of signing officer or director*  
**1/13/03 850-644-8533**

CR2E037 (10/02)