(1)

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

97-1998

97-98 AR

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

FILED
98 APR 15 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002291

1. Corporation Name

Fiber Arts Institute, Inc.

Principal Place of Business	Mailing Address
505 Causeway Blvd. Dunedin, FL. 34698	711 Sparrow Ave. Palm Harbor, FL. 34683

3. Date Incorporated or Qualified: May 19, 1993 (See ATTached)

4. FEI Number: 59-3358413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 505 Causeway Blvd	26 711 Sparrow Ave
Suite, Apt. #, etc. 22 Dunedin, FL.	Suite, Apt. #, etc. 27 —
City & State 23 Dunedin, FL.	City & State 28 Palm Harbor, FL
Zip / Country 24 34698 / 25 Pinellas	Zip / Country 29 34683 / 30 Pinellas

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
Lois Rector 711 Sparrow Ave. Palm Harbor, FL. 34683	81 Name: Remains The Same 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: Same Registered Agent is retained
Signature, typed or printed name of registered agent (or officer of applicant) (NOTE: Registered Agent's 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	D Denise Jahn 355 Woods Landing Trail Oldsmar, FL. 34677 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, C Carol McNamee 226 Westwinds DR. Palm Harbor, FL. 34683 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackie Molsick 2358 Landing Way Palm Harbor, FL. 34684 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Courteney Rector 15426 Plantation Oaks DR. #16 Tampa, FL. 33642-2125 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jana Goncharoff 22 Fountain Square Bellair, FL. 34616 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Sultana Volatis 20 Gretchen Ct. Oldsmar FL 34677 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jordan Berman 2744 Summerdale DR N. Clearwater, FL. 34621 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Lois Rector 711 Sparrow Ave Palm Harbor FL 34683 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cynthia LeRouse 1375 Pinellas Bayway #36 Tierra Verde, FL. 33715 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600002491076---6 -04/16/98--01099--003 *****70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carla Rieger 2805 South Manhattan Ave Tampa, FL. 33629 ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002491076---6 -04/16/98--01099--010 *****61.25 *****61.25 ☐ Change ☐ Addition

CR2E037 (10/97)

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: Carol McNamee, Chair/Director 3/23/98 (813) 938-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAROL MCNAMEE
226 WEST WINDS DRIVE
PALM HARBOR, FL 34683

By Phone Conversation

Request taken by: aalan
03-11-1998

The forms you recently requested from this office are:

(1) 200. COR Non Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To whom it May Concern:

See Copy of check register Attached

On May 19, 1997 a check (#0096) was sent To the Dept. of State along with the Annual Report for 1997. The check never cleared, but was sent back for a correction To the Annual Report (I believe the FEI number was missing). The Director who had this paperwork and Took care of it has since died, and the paperwork/check have not been found. I was advised during my phone conversation noted above To send in both 1997 & 1998 along with the 2 checks and this note of explanation To reinstate this non-profit Corporation.