FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005289 (4)

1. Corporation Name

COMMITTEE FOR NEW ARTS, INCORPORATED

Principal Place of Business	Mailing Address
2626 SHRIVER DRIVE FT MYERS FL	2626 SHRIVER DRIVE FT MYERS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1993
3a. Date of Last Report: 06/21/1994
4. FEI Number: 65-0451632 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3788 Harold Avenue	26 3788 Harold Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft Myers, FL	28 Ft Myers, FL
24 Zip 33901 25 Country USA	29 Zip 33901 30 Country USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, JAN 2626 SHRIVER DRIVE FT MYERS FL	81 Name: Janice Danzig 82 Street Address (P.O. Box Number is Not Acceptable): 3788 Harold Avenue 83 84 City: Ft Myers FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Janice Danzig JANICE DANZIG 5/15/95
(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	D	11 TITLE	V	☐ Change ☒ Addition
NAME	KELLUM, THERESA CHRM	12 NAME	Patrick O'Donovan	
STREET ADDRESS	1343 SHADOW LANE	13 STREET ADDRESS	c/o 8060 College Pkwy	
CITY-ST-ZIP	FT MYERS FL 33901	14 CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	LARSON, DILLARD A	22 NAME	Larson, Dillard A	delete
STREET ADDRESS	4855 HAMPTON CPURT	23 STREET ADDRESS	4855 Hampton Court	
CITY-ST-ZIP	FT MYERS FL 33907	24 CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	FIX, FAITH	32 NAME	Battle, Bernese	delete
STREET ADDRESS	1301 MELALEUCA LANE	33 STREET ADDRESS	PO Box 2652	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	Ft Myers, FL	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	BATTLE, BERNESE	42 NAME	Danzig, Janice	address
STREET ADDRESS	P. O. BOX 2652 N/A	43 STREET ADDRESS	3788 Harold Ave	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DANIZIG, JANICE	52 NAME		
STREET ADDRESS	% 2626 SHRIVER DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Janice Danzig JANICE DANZIG 5/10/95 813-332-4643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000040