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FILED

Mar 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Bertram  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005289 (4)

1. Corporation Name

NEW ARTS, INC.



Principal Place of Business

3788 HAROLD AVENUE  
FT MYERS FL 33901

Mailing Address

3788 HAROLD AVENUE  
FT MYERS FL 33901-77443. Date Incorporated or Qualified  
11/16/19933a. Date of Last Report  
04/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 1977

Suite, Apt. #, etc.

27

City &amp; State

Zip

Country

29

33902

30

U.S.A.

4. FEI Number

65-0451632

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

DANZIG, JANICE  
3788 HAROLD AVENUE  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KELLUM, THERESA CHRM  
STREET ADDRESS 1343 SHADOW LANE  
CITY-ST-ZIP FT MYERS FL 33901TITLE V ☒ DELETE  
NAME O'DONOVAN, PATRICK  
STREET ADDRESS C/O 8080 COLLEGE PARKWAY  
CITY-ST-ZIP FT MYERS FL 33919TITLE D ☒ DELETE  
NAME FIX, FAITH  
STREET ADDRESS 1301 MELALEUCA LANE  
CITY-ST-ZIP FT MYERS FLTITLE D ☐ DELETE  
NAME DANZIG, JANICE  
STREET ADDRESS 3788 HAROLD AVE  
CITY-ST-ZIP FT MYERS FL 33901TITLE VD ☐ DELETE  
NAME GALLOWAY, SAM  
STREET ADDRESS P.O. BOX 70  
CITY-ST-ZIP FORT MYERS FL 33902TITLE TD ☒ DELETE  
NAME HOFFMAN, KEN  
STREET ADDRESS 1465 ARGYLE DR.  
CITY-ST-ZIP FORT MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME KELLUM, THERESA  
1.3 STREET ADDRESS 5898 WILLIAMSON WAY  
1.4 CITY-ST-ZIP FT. MYERS, FL 339192.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME KAREN LEONARDI  
2.3 STREET ADDRESS 20153 WIND CAT RUN DR.  
2.4 CITY-ST-ZIP ESTERO, FL. 339283.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE CD ☒ Change ☐ Addition  
4.2 NAME DANZIG, JANICE  
4.3 STREET ADDRESS 3788 HAROLD AVE  
4.4 CITY-ST-ZIP FT. MYERS, FL. 339015.1 TITLE TD ☒ Change ☐ Addition  
5.2 NAME GALLOWAY, SAM  
5.3 STREET ADDRESS P.O. BOX 70  
5.4 CITY-ST-ZIP FT. MYERS, FL. 33902 N/A6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0055885

CR2E037 (9/96)