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Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000003566 (6)

1. Corporation Name

TAJIRI ARTS INCORPORATED

Principal Place of Business

Mailing Address

518 PALMETTO AVE
SANFORD FL 32771
US

14861 FAVERSHAM CIR
ORLANDO FL 32826
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

59-3262070

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

NIXON, HENRY W
1579 PINEHURST DRIVE
CASSELBERRY FL 32707

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 PD ☐ DELETE

NAME WHATLEY, PATRICIA
STREET ADDRESS 14861 FAVERSHAM CIRCLE
CITY-ST-ZIP ORLANDO FL 32826

TITLE VD ☐ DELETE

NAME BARNES, CAMILLA
STREET ADDRESS 1304 WEST 16TH STREET
CITY-ST-ZIP SANFORD FL 32771

TITLE TD ☐ DELETE

NAME RAINES, CAROLYN
STREET ADDRESS 416 BAY AVENUE
CITY-ST-ZIP SANFORD FL 32771

TITLE V ☐ DELETE

NAME FLEWELLYN, THOMAS
STREET ADDRESS 1754 MARKHAM GLEN CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Camilla Barnes
1.3 STREET ADDRESS 1304 W. 16th St. - Sanford, FL
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Henry Nixon
2.3 STREET ADDRESS 1579 Pinehurst Dr. Casselberry, FL 32707
2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME Thomas Flewellyn
3.3 STREET ADDRESS 1754 Markham Glen Circle Longwood, FL 32779
3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME Carolyn Raines
4.3 STREET ADDRESS 416 Bay Avenue
4.4 CITY-ST-ZIP Sanford, FL 32771

5.1 TITLE Executive Director ☐ Change ☒ Addition

5.2 NAME Patricia M. Whatley
5.3 STREET ADDRESS 14861 Faversham Circle - Orlando, FL 32826
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Patricia M. Whatley

CR2E037 (10/97)