

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001026 (2)

1. Corporation Name

THE STUDIO ARTS CENTER, INC.



Principal Place of Business

**114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429**

Mailing Address

**114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 114 N.E. 5th St.

26 same

4. FEI Number

59-3291982

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Crystal River, FL

28

Zip

Country

Zip

Country

24 34429

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, JORGE
114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429**

81 Name Tom Ellis

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

8404 W. Rainbow Oaks

83 Crystal River

84 City FL

FL 85 Zip Code 34428

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 617.0502, Florida Statutes.

SIGNATURE *Thomas W. Ellis*

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

(NOTE: Registered Agent signature required when reinstating)

3/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Mario Mendizabal**

1244 NW 5th Terrace

CITY-ST-ZIP **Crystal River, FL 34428**

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Vana Mendizabal**

1244 NW 5th Terrace

CITY-ST-ZIP **Crystal River, FL 34428**

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Tom Ellis**

8404 W. Rainbow Oaks

CITY-ST-ZIP **Crystal River, FL**

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Ingrid Ellis**

8404 W. Rainbow Oaks

CITY-ST-ZIP **Crystal River, FL**

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Carol Camilleri**

8790 N. Iberian Dr., Citrus Springs

CITY-ST-ZIP **FL**

TITLE ☐ DELETE

NAME **director**

STREET ADDRESS **Jorge Sanchez**

317 Red Rose Lane

CITY-ST-ZIP **Inverness, FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Brad Varney

1825 N. Crooked Branch

Hecanto, FL 34461

Denise Maako

1825 N. Crooked Branch

Hecanto, FL 34461

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)(k), 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: *Thomas W. Ellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

(904) 795-2613

Daytime Phone #

CR2E037 (12/95)