

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000001026 (2)

1. Corporation Name

THE STUDIO ARTS CENTER, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 114 N.E. 5th St.

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Crystal River, FL

24 34429 25 USA

29 30

3. Date Incorporated or Qualified

03/03/1995

3a. Date of Last Report

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

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 617.0503, Florida Statutes.

SIGNATURE

*Thomas G. 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 '92

TITLE director ☐ DELETE  
NAME Mario Mendizabal board  
STREET ADDRESS 1244 NW 5th Terrace  
CITY-ST-ZIP Crystal River, FL 34428 member  
TITLE director ☐ DELETE  
NAME Vana Mendizabal Treasurer  
STREET ADDRESS 1244 NW 5th Terrace  
CITY-ST-ZIP Crystal River, FL 34428 member  
TITLE director ☐ DELETE  
NAME Tom Ellis president  
STREET ADDRESS 8404 W. Rainbow Oaks  
CITY-ST-ZIP Crystal River, FL board member  
TITLE director ☐ DELETE  
NAME Ingrid Ellis Vice-president  
STREET ADDRESS 8404 W. Rainbow Oaks  
CITY-ST-ZIP Crystal River, FL board member  
TITLE director ☐ DELETE  
NAME Carol Camilleri Secretary  
STREET ADDRESS 8790 N. Iberian Dr., Citrus Springs  
CITY-ST-ZIP FL board member  
TITLE director ☐ DELETE  
NAME Jorge Sanchez  
STREET ADDRESS 317 Red Rose Lane  
CITY-ST-ZIP Inverness, FL bd. member

1.1 TITLE Brad Varney ☐ Change ☐ Addition  
1.2 NAME 1825 N. Crooked Branch bd  
1.3 STREET ADDRESS Lecanto, FL 34461 member  
1.4 CITY-ST-ZIP  
2.1 TITLE Denise Maako ☐ Change ☐ Addition  
2.2 NAME 1825 N. Crooked Branch bd  
2.3 STREET ADDRESS Lecanto, FL 34461 member  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Note: The titles  
of each office  
is "member  
of the board  
of directors."

\$1282 by Bank 41.25

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 G. Ellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

DATE

(904) 795-2615

Daytime Phone #

CR2E037 (12/95)