

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: **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
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

2. Principal Place of Business
21. **114 N.E. 5th St.**
22. Suite, Apt. #, etc.
23. City & State: **Crystal River, FL**
24. Zip: **34429**
25. Country: **USA**
2a. Mailing Address
26. **same**
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
SANCHEZ, JORGE
114 N.E. 5TH ST.
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent
81. Name: **Tom Ellis**
82. Street Address (P.O. Box Number is Not Acceptable): **8404 W. Rainbow Oaks**
83. **Crystal River**
84. City: **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 W. Ellis*

3/4/96

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brad Varney
1.3 STREET ADDRESS	1825 N. Crooked Branch
1.4 CITY-ST-ZIP	hecanto, FL 34461
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denise Maako
2.3 STREET ADDRESS	1825 N. Crooked Branch
2.4 CITY-ST-ZIP	hecanto, FL 34461
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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".

per 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 W. Ellis*

3/4/96

(904) 795-2615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

out 9/6
3/21/96