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FILED
Jul 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34429-4150



3. Date Incorporated or Qualified
03/03/1995

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

4. FEI Number

59-3291982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Trust Fund Contribution

☐

Added to Fees

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ELLIS, TOM
8404 W. RAINBOW OAKS
CRYSTAL RIVER FL 34428

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MENDIZABAL, MARIO
1244 NW 5TH TERRACE
CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MENDIZABAL, VANA
1244 NW 5TH TERRACE
CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ELLIS, TOM
8404 W. RAINBOW OAKS
CRYSTAL RIVER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
ELLIS, INGRID
8404 W. RAINBOW OAKS
CRYSTAL RIVER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
CAMILLERI, CAROL
8790 N. IBERIAN DR.
CITRUS SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SANCHEZ, JORGE
311 RED ROSE LANE
INVERNESS FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 principal 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.

CP2E037 (9/96)