

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 # N95000001149 (2)

1. Corporation Name

OJISAN FOUNDATION FOR THE ARTS INC.



Principal Place of Business

Mailing Address

SOUTH 629 INDUSTRIAL DR
TALLAHASSEE FL 32310

SOUTH 629 INDUSTRIAL DR
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

593 300 165

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, DONALD L
503 E CALL ST
TALLAHASSEE FL 32301

(change of Address
only)

81 Name

SCHNEIDER DONALD L.

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

2815 DIAMONDHEAD E.

83

TALLAHASSEE FL

84 City

FL

85 Zip Code

32301

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
SCHNEIDER, DONALD L
503 E CALL ST
TALLAHASSEE FL 32301

11 TITLE ☐ Change ☒ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Robert JURAND
1904 E. NELSON CIR.
TALLAHASSEE FL 32303

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROHE, RICHARD L
603 E CALL ST
TALLAHASSEE FL 32301

21 TITLE ☐ Change ☒ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
ANDRE BARNES
40 NIMS MIDDLE SCHOOL ART DEPT.
723 W. ORANGE AVE
TALLAHASSEE FL 32310

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
WILLIAMS, ALTON
1816 FOLKSTONE RD
TALLAHASSEE FL 32312

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
CARTER, CLAYTON C
HIGHWAY 319
CRAWFORDVILLE FL 32326

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Robert JURAND
1904 E. NELSON CIR
TALLAHASSEE FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96

904-222-1145

Daytime Phone #

CR2E037 (12/95)