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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002152 (4)

1. Corporation Name

SUWANNEE VALLEY REGIONAL ARTS INITIATIVE, INC.

Principal Place of Business

Mailing Address

915 NORTH MARION STREET
LAKE CITY FL 32055

915 NORTH MARION STREET
LAKE CITY FL 32055-2855



3. Date Incorporated or Qualified
04/16/1996

3a. Date of Last Report
First Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3371105

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

MARSHALL, MICHELE S
915 NORTH MARION STREET
LAKE CITY FL 32055

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

TITLE D ☐ DELETE

NAME MARSHALL, MICHELE S
STREET ADDRESS RT 5, BOX 629
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☒ DELETE

NAME DAVIS, PAULA J
STREET ADDRESS P.O. BOX 3352
CITY-ST-ZIP LAKE CITY FL 32056

TITLE D ☒ DELETE

NAME AUGER, TERRY A
STREET ADDRESS 2200 W GRANDVIEW AVE
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☒ DELETE

NAME SHOEMAKER, JOHN
STREET ADDRESS 603 E ST. JOHNS ST.
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE

NAME JANDREAU, CAROLEE
STREET ADDRESS RT 3, BOX 32283
CITY-ST-ZIP FT. WHITE FL 32038

TITLE D ☒ DELETE

NAME GLACKIN, LARRY
STREET ADDRESS 130 N MARION ST
CITY-ST-ZIP LAKE CITY FL 32025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Jean Richardson
1.3 STREET ADDRESS P.O. Box 1814 (N/A)
1.4 CITY-ST-ZIP Lake City, FL 32056

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Carolee Carpenter Jandreau
2.3 STREET ADDRESS Rt. 3, Box 3283 (N/A)
2.4 CITY-ST-ZIP Ft. White, FL 32038

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Carole Law Trachy
3.3 STREET ADDRESS Rt. 8, Box 7375 (N/A)
3.4 CITY-ST-ZIP Lake City, FL 32055

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Jenny Scaff
4.3 STREET ADDRESS 2200 E. Duval Street
4.4 CITY-ST-ZIP Lake City, FL 32055

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

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 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:

Michele S. Marshall

Michele S. Marshall

2/14/97

(904) 961-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000600

CR2E037 (9/96)