

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

3. Date Incorporated or Qualified

**04/16/1996**

4. FEI Number

**59-3371105**

Applied For

Not Applicable

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

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MARSHALL, MICHELE S**  
STREET ADDRESS **RT 5, BOX 629**  
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☒ DELETE  
NAME **CARPENTER JANDREAU, CAROLEE**  
STREET ADDRESS **RT 3, BOX 3283 N/A**  
CITY-ST-ZIP **FT WHITE FL**

TITLE **D** ☒ DELETE  
NAME **TRACHY, CAROLE LAW**  
STREET ADDRESS **RT 8, BOX 737-5**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE  
NAME **SCAFF, JENNY**  
STREET ADDRESS **2200 E DUVAL STREET**  
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☐ DELETE  
NAME **JANDREAU, CAROLEE**  
STREET ADDRESS **RT 3, BOX 32283**  
CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE **D** ☐ DELETE  
NAME **RICHARDSON, JEAN**  
STREET ADDRESS **P.O BOX 1814 N/A**  
CITY-ST-ZIP **LAKE CITY FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Cobb, Dave**  
1.3 STREET ADDRESS **Route 17, Box 826**  
1.4 CITY-ST-ZIP **LAKE CITY, FL 32055**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Carris-Cutler, Mary**  
2.3 STREET ADDRESS **18905 N.W. 151 AVENUE**  
2.4 CITY-ST-ZIP **Alachua, FL 32615**

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

14. I 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* **REQUIRED**

1/20/98

904-961-9922

CR2E037 (10/97)