

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000002261 (3)**

1. Corporation Name

**SOUTH WALTON THREE ARTS ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**1401 E. NURSERY RD.  
SANTA ROSA BEACH FL 32459****PO BOX 2042  
SANTA ROSA BEACH FL 32459-2042**3. Date Incorporated or Qualified  
**04/25/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

4. FEI Number

**31-1466345**

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

**WHITE, JOHNNIE R  
1401 E. NURSERY RD.  
SANTA ROSA BEACH FL 32459**

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 **DIRV.P.** ☒ DELETENAME **W.A. (CHICK) HUETTEL**  
STREET ADDRESS **337 BLUE MTN. RD**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**TITLE **DIR TREAS.** ☒ DELETENAME **LYN STAFFORD**  
STREET ADDRESS **73 B CHIVAS LANE**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**TITLE ☐ DELETENAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE1.1 TITLE **DIRV.P.** ☒ Change ☐ Addition1.2 NAME **RALPH BARNARD**  
1.3 STREET ADDRESS **72 SARA CIRCLE**  
1.4 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**2.1 TITLE **DIR TREAS.** ☒ Change ☐ Addition2.2 NAME **KAREN SCHAUSMAN**  
2.3 STREET ADDRESS **24 BRAMBLE GROVE PL.**  
2.4 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**3.1 TITLE **JOHNNIE RILEY-WHITE** ☐ Change ☐ Addition3.2 NAME **1401 E. NURSERY RD**  
3.3 STREET ADDRESS **SANTA ROSA Bch, FL 32459**  
3.4 CITY-ST-ZIP4.1 TITLE **DIS** ☐ Change ☐ Addition4.2 NAME **MARILYN SCHAEER**  
4.3 STREET ADDRESS **114 SAVON DR**  
4.4 CITY-ST-ZIP **FT WALTON BEACH, FL 32547**5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS ☐ Change ☐ Addition  
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 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: **JOHNNIE RILEY-WHITE** **REQUIRED**

4-14-97

(904) 267-2044

Date

Daytime Phone 6010303

CR2E037 (9/96)