


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**1401 E. NURSERY RD.
SANTA ROSA BEACH FL 32459**

Mailing Address

**PO BOX 2042
SANTA ROSA BEACH FL 32459**



3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

31-1466345

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BARNARD, RALPH	
STREET ADDRESS	72 SARA CIRCLE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCHANSMAN, KAREN	
STREET ADDRESS	24 BRAMBLE GROVE PL	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RILEY-WHITE, JOHNNIE	
STREET ADDRESS	1401 E. NURSERY RD	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHODER, MARILYN	
STREET ADDRESS	114 BAYOU DR	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DT
2.3 STREET ADDRESS	JULIE SELLECK
2.4 CITY-ST-ZIP	186 OLD BEACH RD. SANTA ROSA BEACH, FL 32459

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

1/19/98

850-267-1321

CR2E037 (10/97)