


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90149 010 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N96000002261</b>					
1. Corporation Name <b>SOUTH WALTON THREE ARTS ALLIANCE, INC.</b>					
Principal Place of Business <b>1401 E. NURSERY RD.          SANTA ROSA BEACH FL 32459</b>			Mailing Address <b>PO BOX 2042          SANTA ROSA BEACH FL 32459</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/25/1996</b>	
				4. FEI Number <b>31-1466345</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WHITE, JOHNNIE R          1401 E. NURSERY RD.          SANTA ROSA BEACH FL 32459</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	DVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARNARD, RALPH			1.2 NAME	KAREN SCHANSMAN		
STREET ADDRESS	72 SARA CIRCLE			1.3 STREET ADDRESS	80 DRISCOLL DR.		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			1.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SELLECK, JULIE			2.2 NAME	RUSKIN BINNELL		
STREET ADDRESS	186 OLD BEACH RD			2.3 STREET ADDRESS	P.O. Box 2151		
CITY-ST-ZIP	SANTA ROSA BCH FL 32459			2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY-WHITE, JOHNNIE			3.2 NAME			
STREET ADDRESS	1401 E. NURSERY RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BCH FL 32459			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHODER, MARILYN			4.2 NAME			
STREET ADDRESS	114 BAYOU DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL 32547			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

*Julie Sellick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98  
Date

850-267-1221  
Daytime Phone #

CR2E037 (1/98)