2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 28, 2004 8:00 am
Secretary of State
04-14-2004 90027 013 ****61.25

DOCUMENT # N96000002261

1. Entity Name

SOUTH WALTON THREE ARTS ALLIANCE, INC.

Principal Place of Business	Mailing Address
1401 E NURSERY ROAD SANTA ROSA BEACH FL 32459	PO BOX 2042 SANTA ROSA BEACH FL 32459

000110J00

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1466345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, JOHNNIE R 1401 E. NURSERY RD. SANTA ROSA BEACH FL 32459	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy Sellers 4/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, MEG 50 GOSSAMER LN #10 SEACREST FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURROUGH, CHRISTINE P.O. BOX 1665 SANTA ROSA FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SELLERS, NANCY 407 LAKEVIEW DRIVE SANTA ROSA BEACH FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURROUGH, CHRISTINE PO BOX 1665 SANTA ROSA BEACH FL 32459	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARSE, grace P.O. Box 52 PT. WASHINGTON, FL 32454	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPD ARNOLD, SUSIE 50 GOSSAMER LN #3 SCAREST FL 32412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPD SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Sellers Treasurer 4/26/04 850-231-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #