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

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MOORE CR2E037 (11/03)

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

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

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 #